



PEPFAR

U.S. President's Emergency Plan for AIDS Relief

PEPFAR's Country/Regional Operational Plan (COP/ROP) 2021

Opening Plenary

April 01, 2021

18 YEARS OF SAVING LIVES THROUGH AMERICAN GENEROSITY AND PARTNERSHIPS

State of the PEPFAR Program and Priorities

Unwavering Bipartisan Congressional and Presidential Leadership of PEPFAR

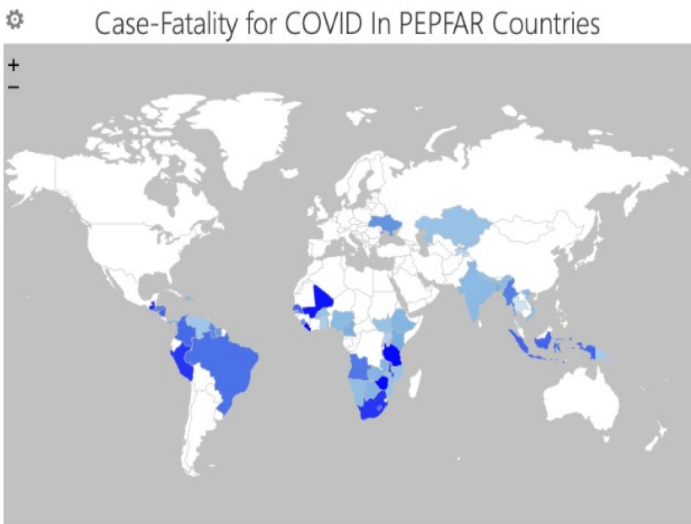
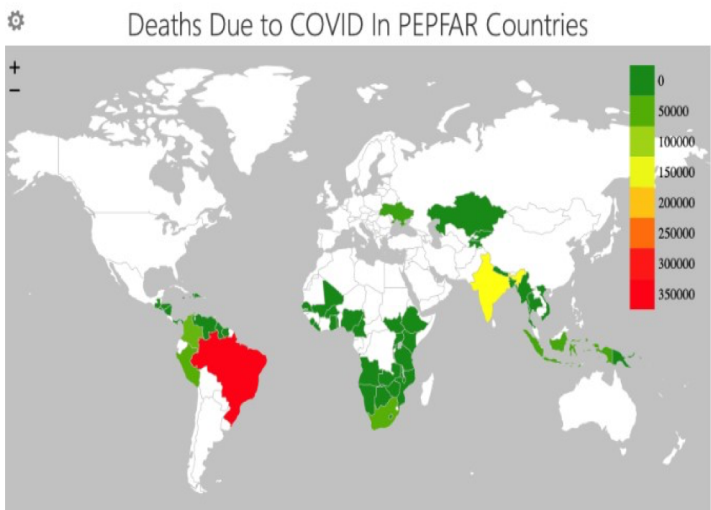
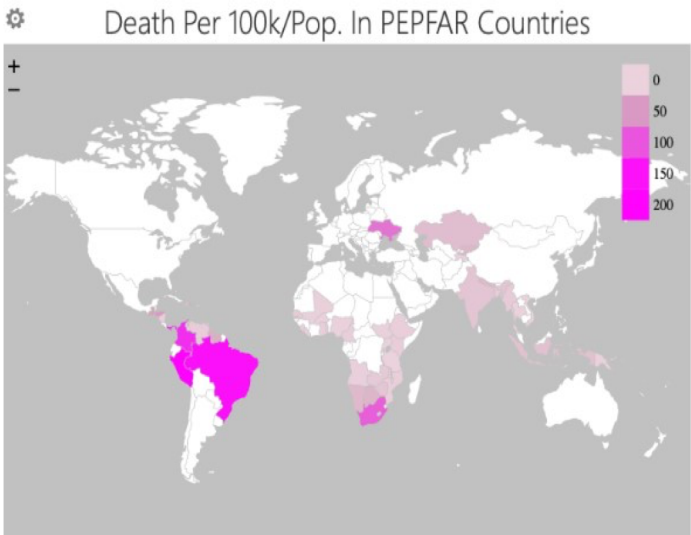
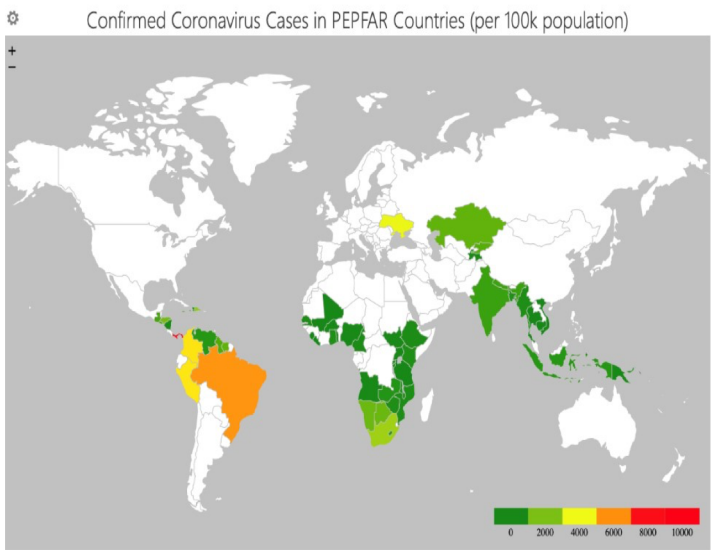
- Emergency response to save lives AIDS
- Rapid delivery of prevention, care, and treatment services
- Focus on individuals with late stage AIDS defining illness

- Shared responsibility & country-driven programs
- Ensuring an AIDS-free generation
- Building & strengthening health systems to deliver HIV services
- Scaling up of prevention, care, and treatment services for people without AIDS defining illness

- Granular data, transparency & accountability for impact and increasing efficiency
- Accelerating core interventions for epidemic control and ensuring access of all vulnerable populations
- Treatment of all HIV positive individuals for their own health and stop transmissions
- Sustainability agenda based on data, actual costs and local partner delivery
- Community engagement
- Resilient systems and sustainable capacity in the context of COVID



COVID Confirmed Cases and Mortality in PEPFAR-Supported Countries



As of 3/30/21

**In the context
of COVID-19,
PEPFAR is firmly
focused on**



Ensuring continuity of care for
people living with HIV

1



Leveraging PEPFAR-supported
health systems and infrastructure

2



Reducing exposure of staff and HIV
clients to health care settings that
may be overburdened and/or sources
for potential exposure to COVID-19

3



Providing flexibility for PEPFAR
programs in how to optimally serve
our HIV clients in areas affected by
COVID-19

4



**COVID-19 has
affected, and
continues to
affect PEPFAR
programs**

Leveraging COVID-19 for Staff and Site Safety

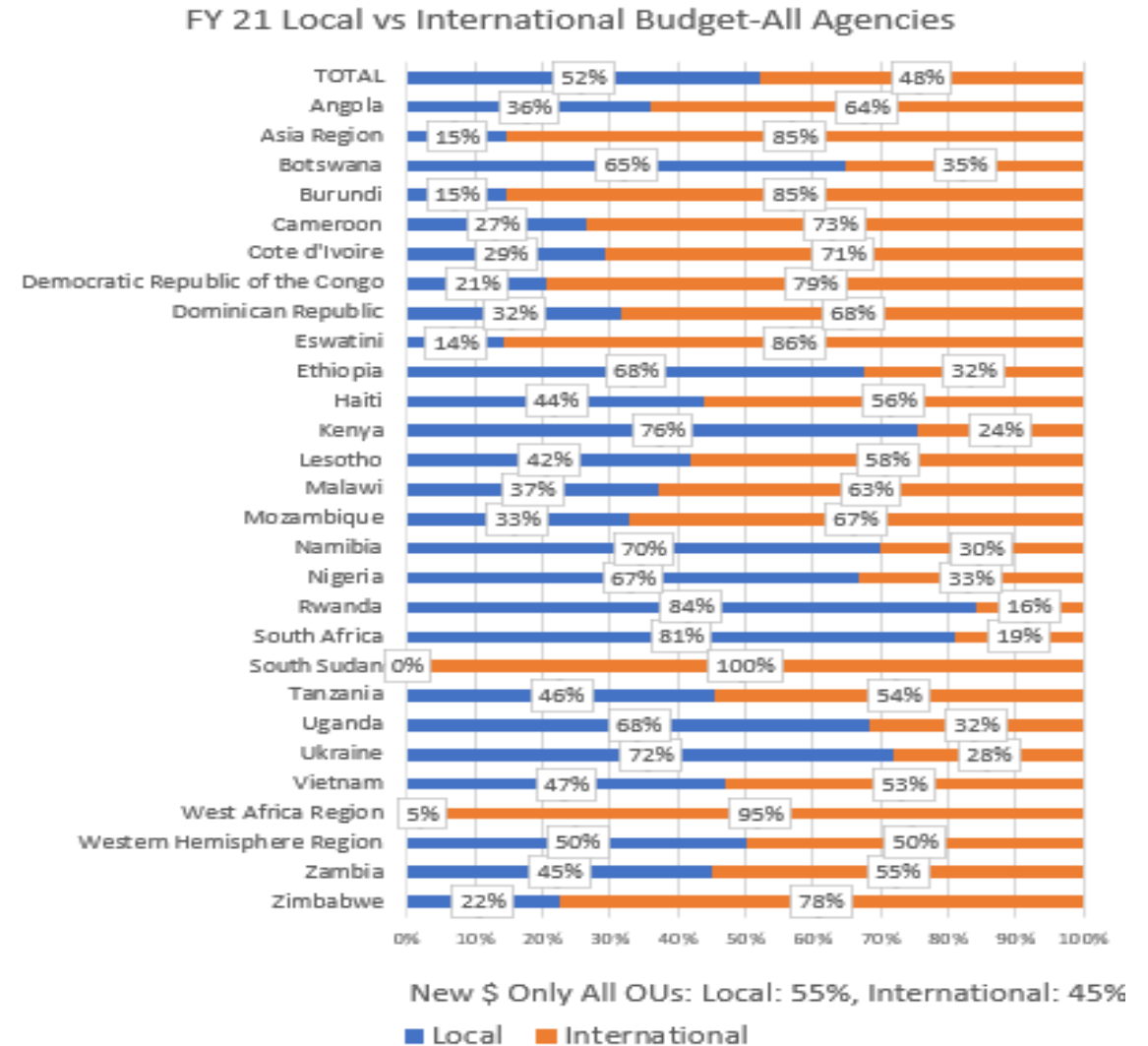
- **PEPFAR** is committed to protecting the safety of staff and recipients of care
- **Protect the Gains:** Support and maintain continuity of prevention and treatment services
- **Site Safety:** Prevent spread of disease among clients and staff of PEPFAR programs
 - Administrative and environmental controls are most important
 - Build on and strengthen existing TB and COVID-19 IPC activities already in place
 - Identification of a dedicated IPC focal person at each facility
 - Incorporation of a dedicated IPC stream into QI/QM/QA processes by all implementing partners
 - Social distancing, hand hygiene and appropriate PPE based on duties
 - Continuous medical masking and universal face coverings in health care facilities
- **Staff safety must be assured.** If services cannot be adapted to be performed safely, they should not be performed
- **Mitigate COVID-19 impact on programs and the people they serve by coordinating with country activities with flexibility and adaptability**

Sustaining HIV Gains in the Midst of the COVID Response

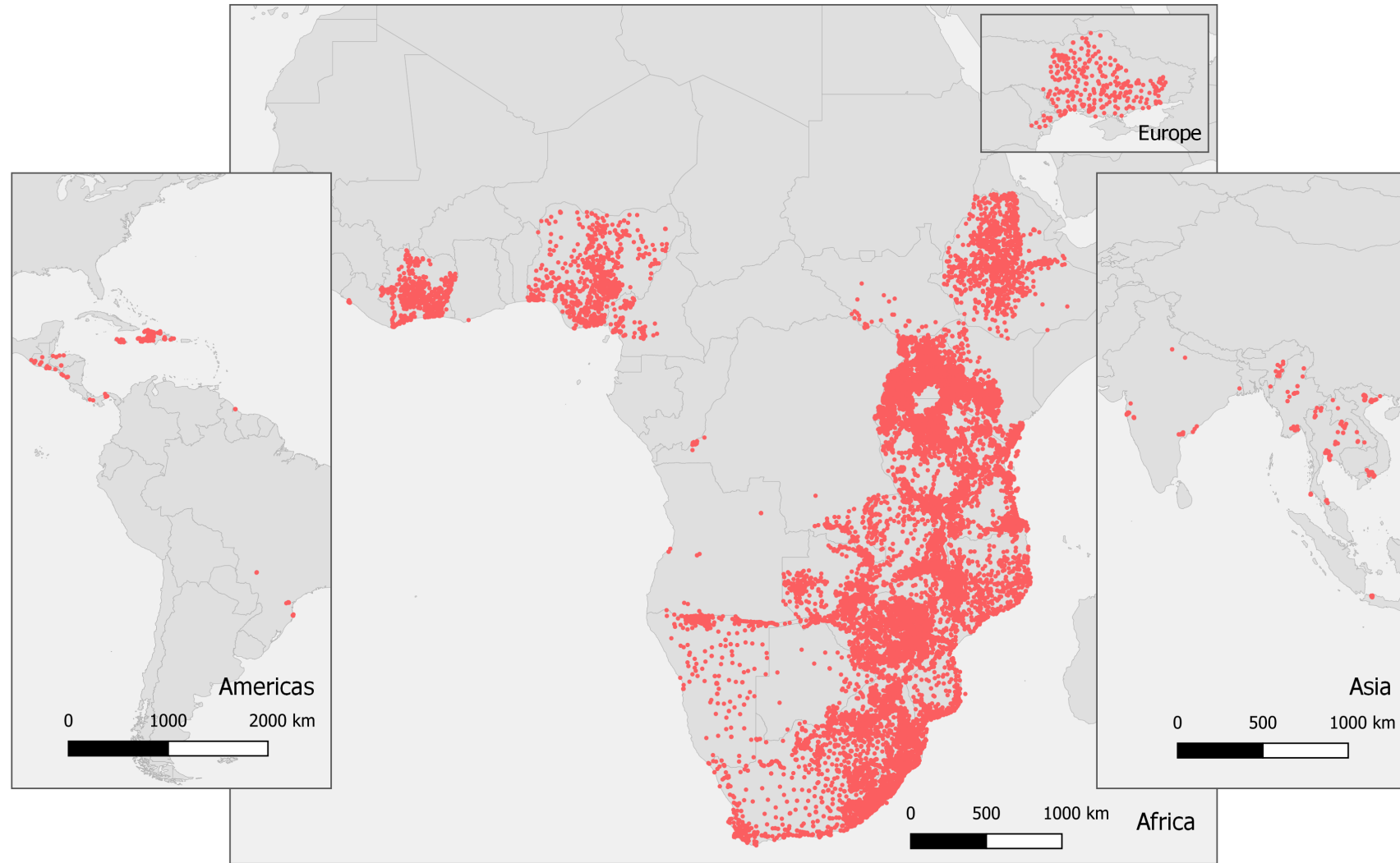
- Seamless collaboration with partner governments, the Global Fund, UNAIDS, and communities
- USG interagency teams on the ground in 54 countries engaged, committed, and contributing to national COVID-19 response plans
- Strong local partners implementing services
- Site-level, data driven metrics and results
- Leveraging the laboratory infrastructure and systems
- Extensive network of health and community workers

Sustaining Delivery of HIV Services by Local Partners

- Over 55% of all new funds to local partners.
- PEPFAR-supported countries have continued to make progress in the transition to local partners – an essential and enduring strategy in sustaining epidemic control of HIV and essential during COVID-19

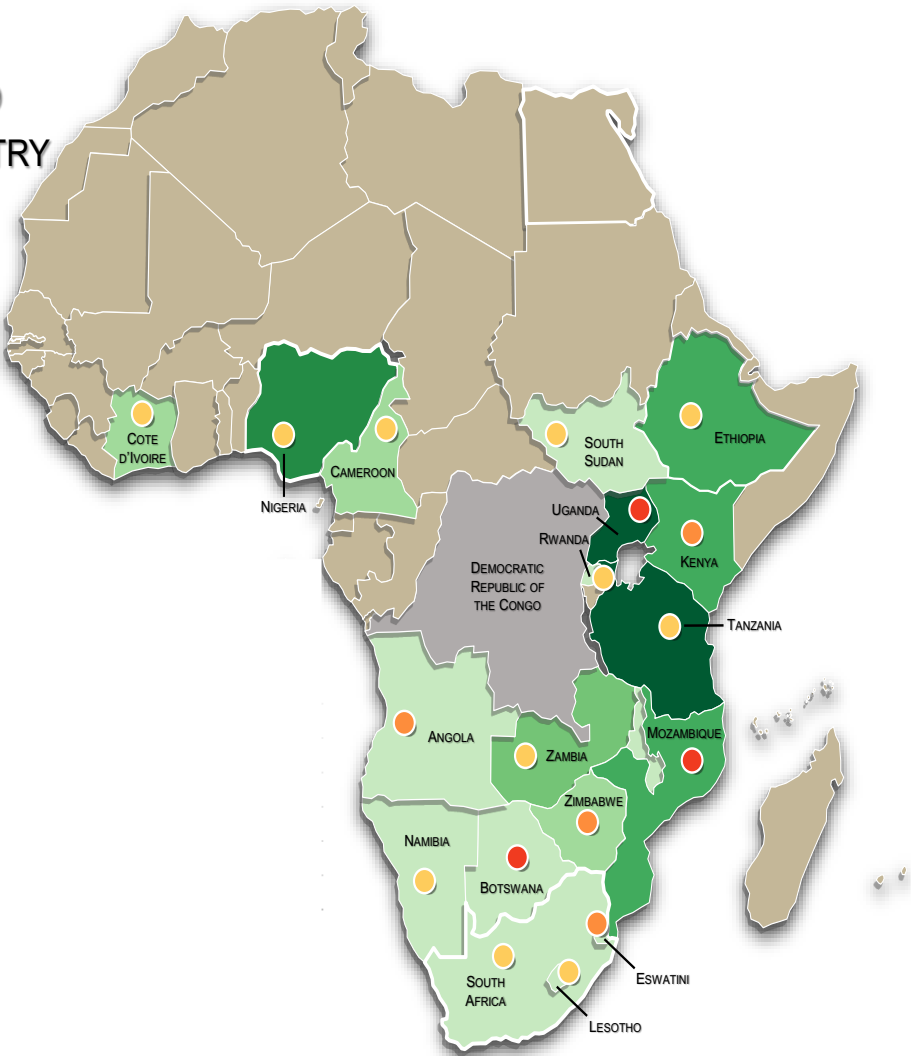


70,000 PEPFAR-supported clinics globally for HIV services, FY 2020

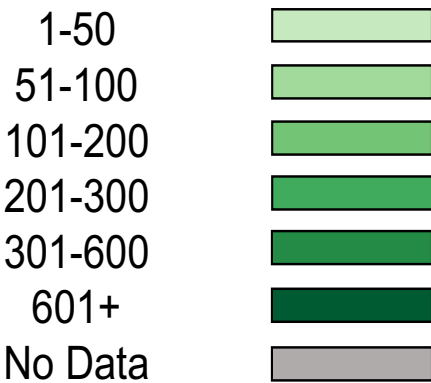


Countries have relied on PEPFAR-supported lab infrastructure – in Africa, 3,000 lab, 165 accredited labs, 28 of which are national reference labs

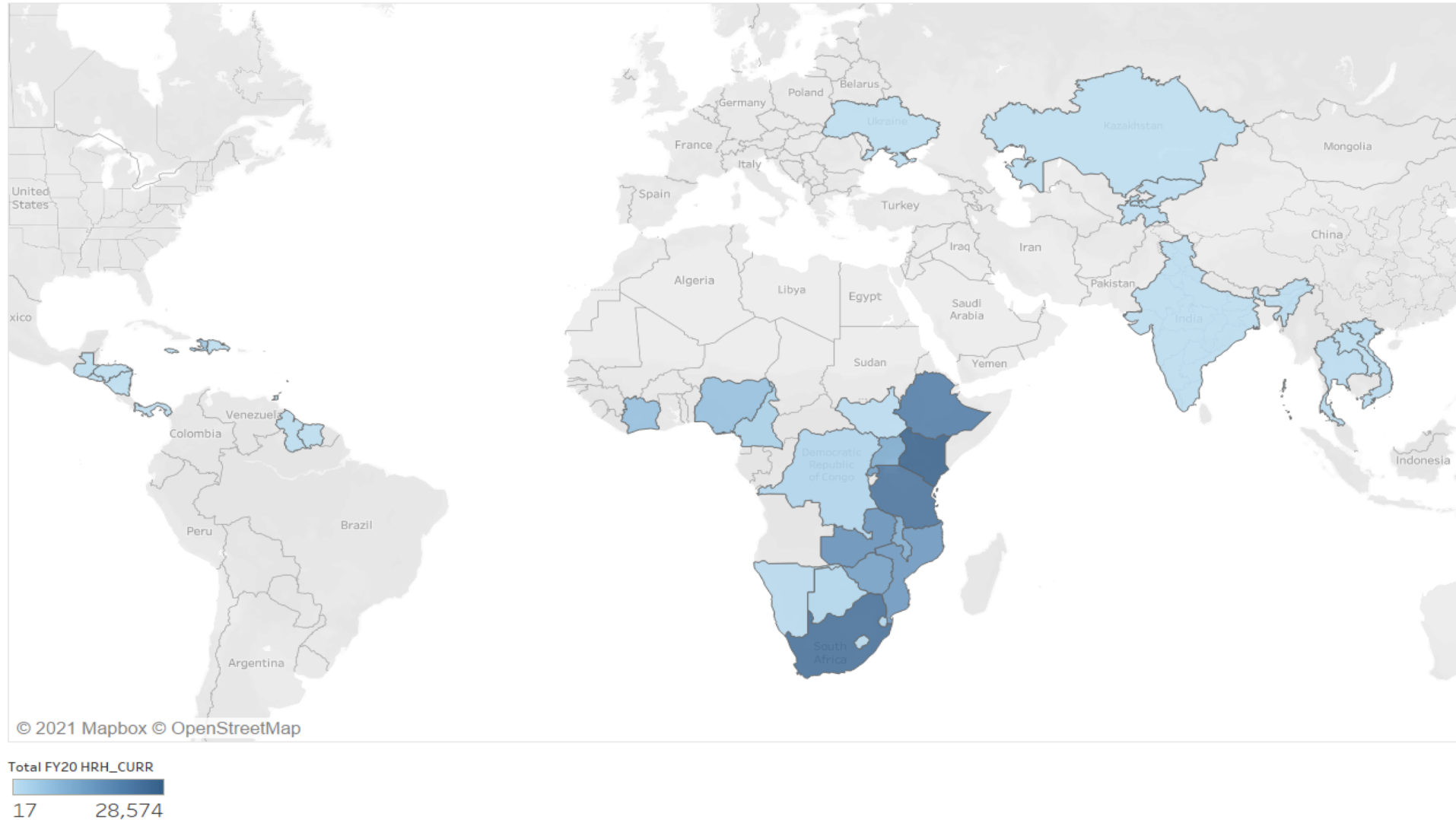
NUMBER OF PEPFAR-SUPPORTED NATIONAL RESEARCH LABS BY COUNTRY



NUMBER OF PEPFAR-SUPPORTED LABS BY COUNTRY



Countries have relied on 290,000 PEPFAR-supported healthcare workers due to critical shortages



Protecting HIV Gains: Emphasis on Convenient, Client-Centered Care

Significant adaptation of HIV services to protect populations most at-risk for poor COVID-19 infection outcome.

✓ **Maximize continuity of treatment, before lockdowns:**

- Identify patients at risk for interruption in treatment
- Patient tracking
- Establish contact methods
- Virtual platforms established

✓ **Multi-month dispensing to ensure continuity of care**

- Provision of 3- and 6-MMD of ART for our clients
- Decompresses facility
- Reduces potential exposure to COVID-19

✓ **Decentralized drug delivery**

- Public transport difficult in setting of lockdown
- Aim to bring meds to convenient decentralized location
- Reduce time spent at facilities

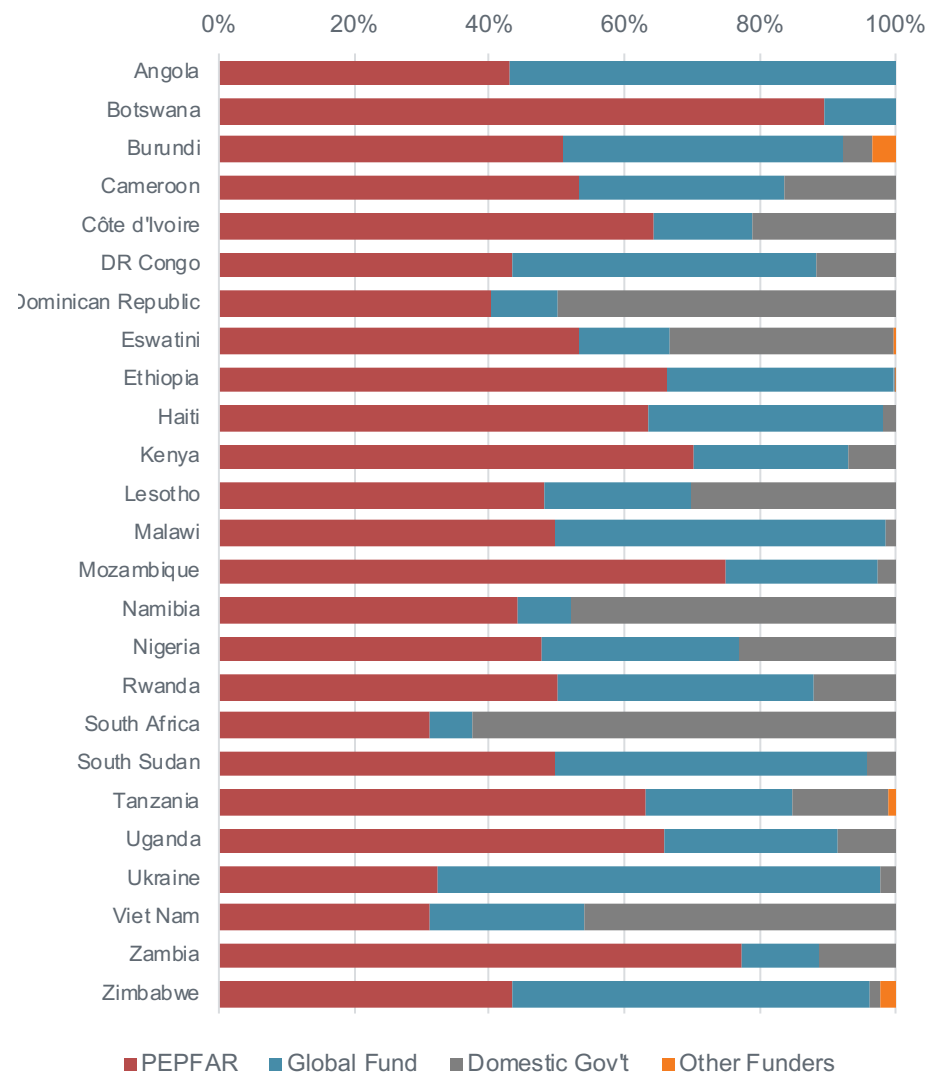
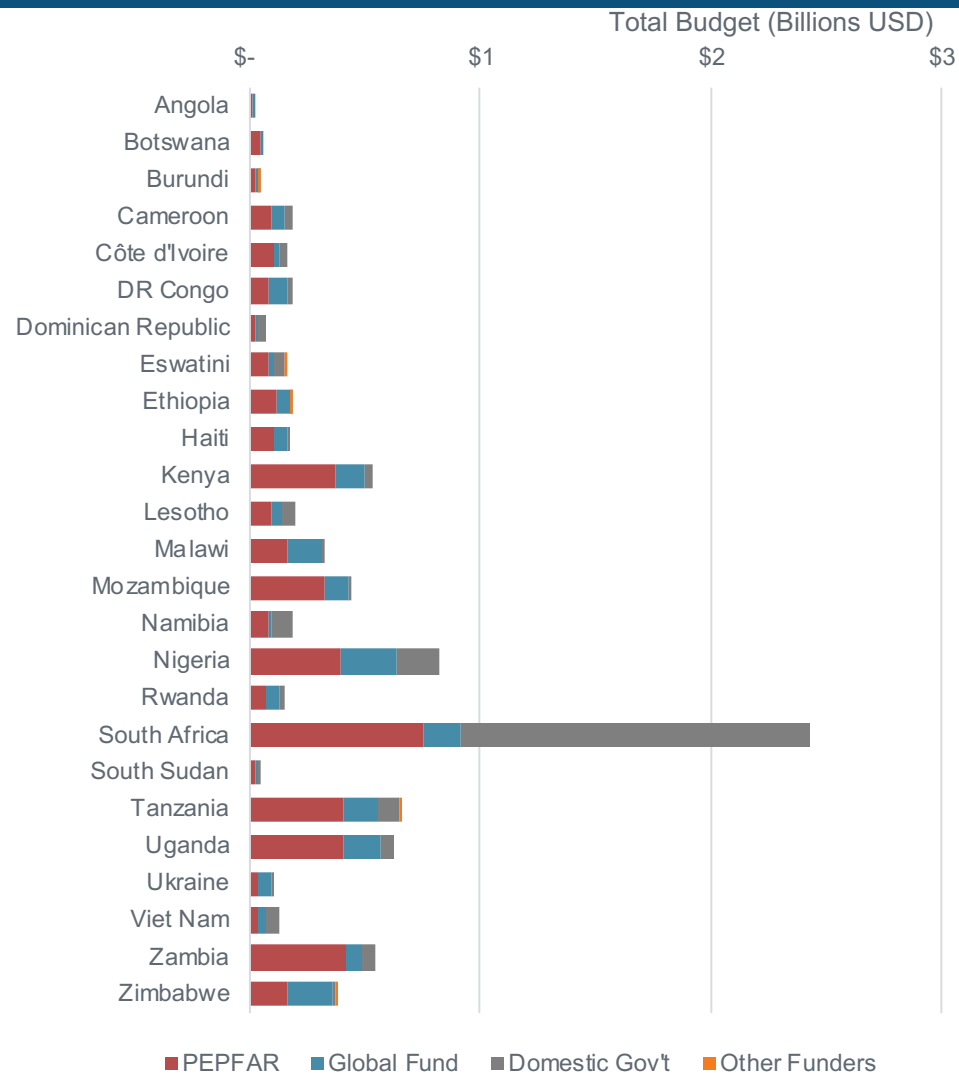
✓ **Use of virtual platforms to communicate with recipients of care**

- Telemedicine
- Guidance for confidential, safe provision of care
- Testing whether in-person prevention interventions can be delivered virtually

✓ **Empower communities**

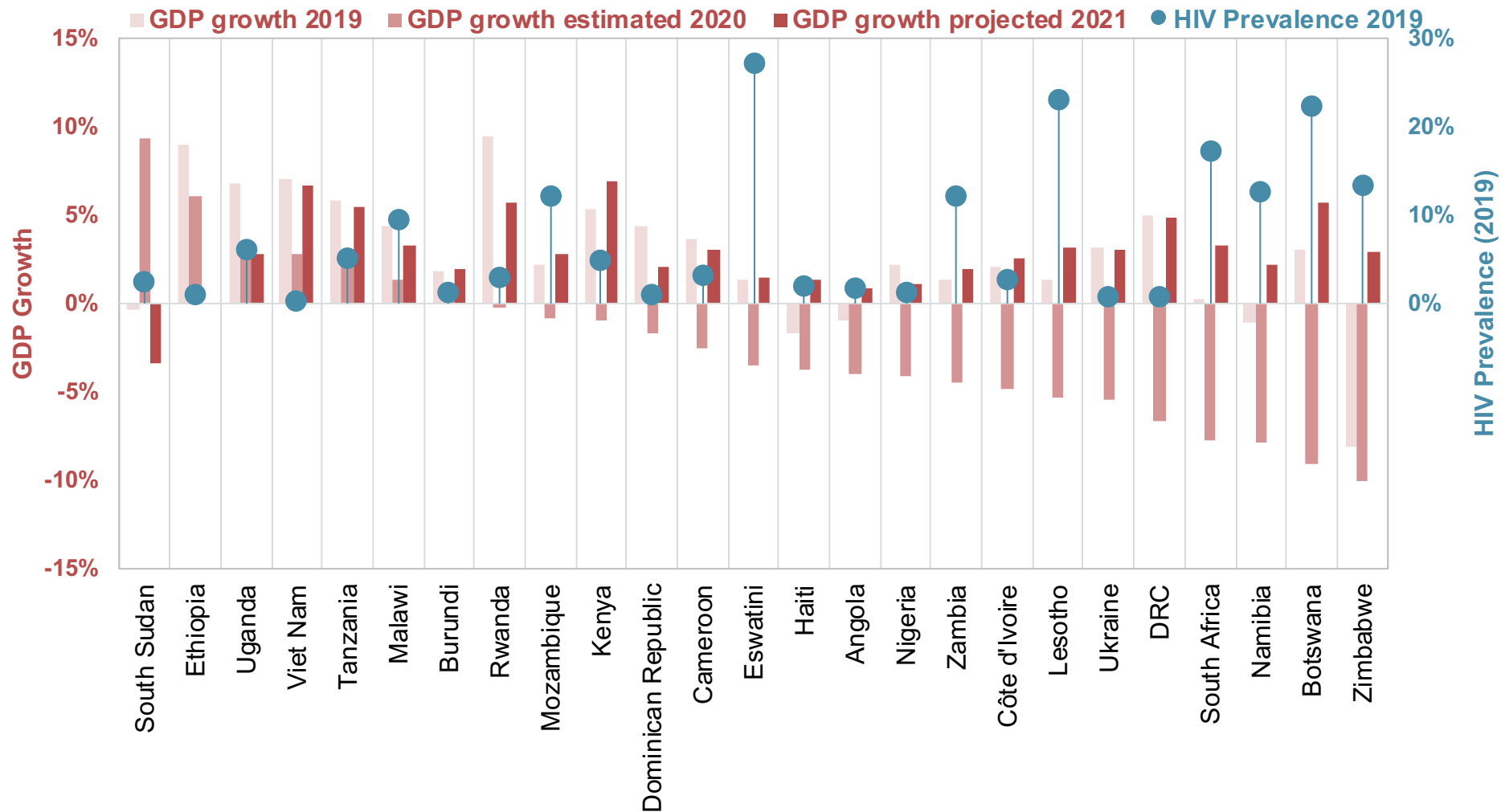
- Community-led monitoring for quality services and policy requirements
- Community health workers

HIV Investments by Funder in PEPFAR-Supported Countries



Source: HIV Resource Alignment; Domestic Gov't and Other Funder data is included where available

Projected GDP Growth vs. HIV Prevalence Rate - economic problems from COVID across the board, but worse in countries with high HIV prevalence.



Source: World Bank GDP Growth 2019-2020; UNAIDS HIV Prevalence 2019



Latest PEPFAR Program Global Results

17.2 million women, men, and children on life-saving treatment

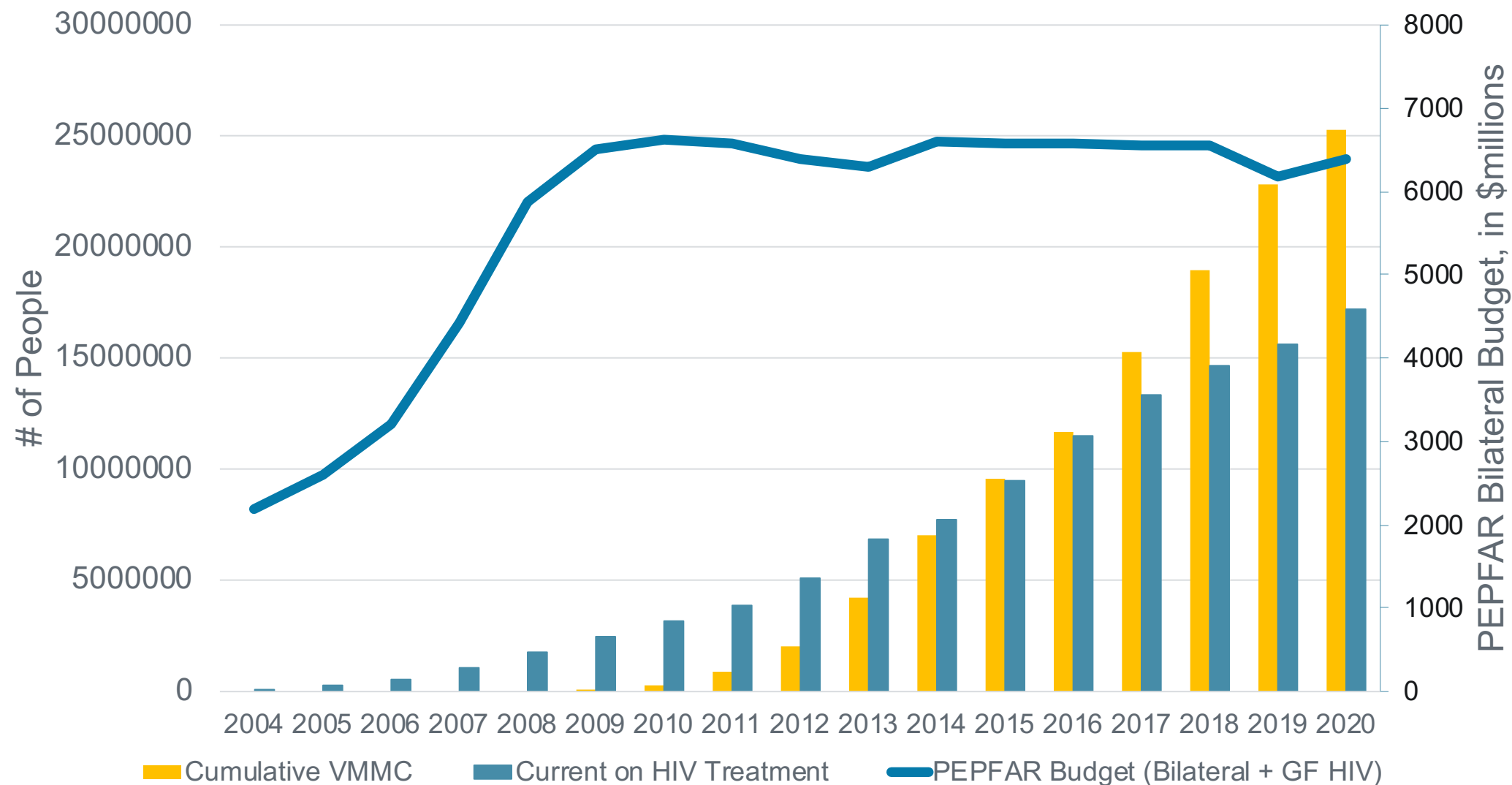
2.8 million babies born HIV-free

25.3 million voluntary medical male circumcisions

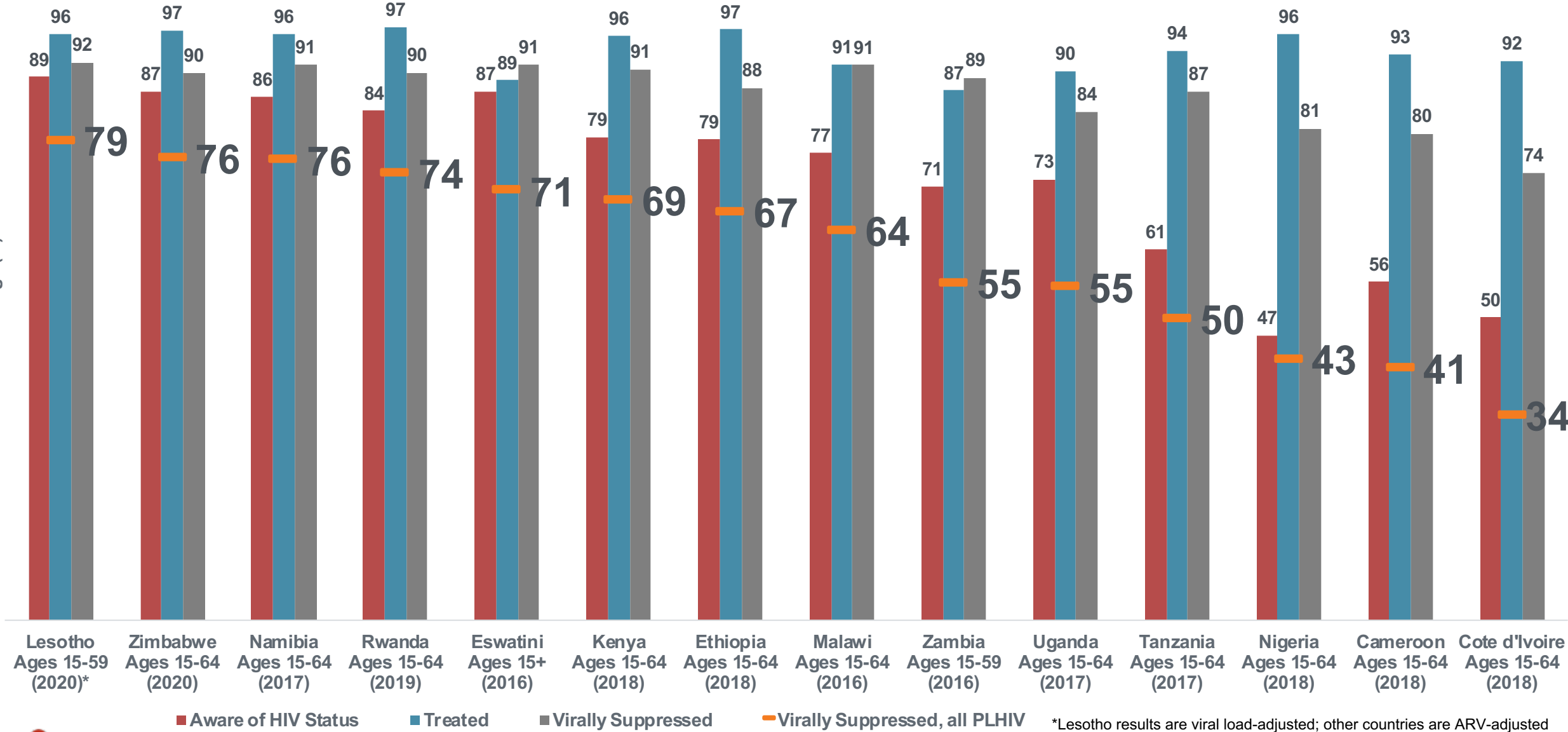
6.7 million orphans, vulnerable children, and their caregivers provided with critical care and support

100% of DREAMS districts with a decline in new HIV diagnoses. Since 2015, new HIV diagnoses among adolescent girls and young women have declined in all geographic areas implementing DREAMS. 96% have had a decline of >25% and **62% have shown a decline of >40%.**

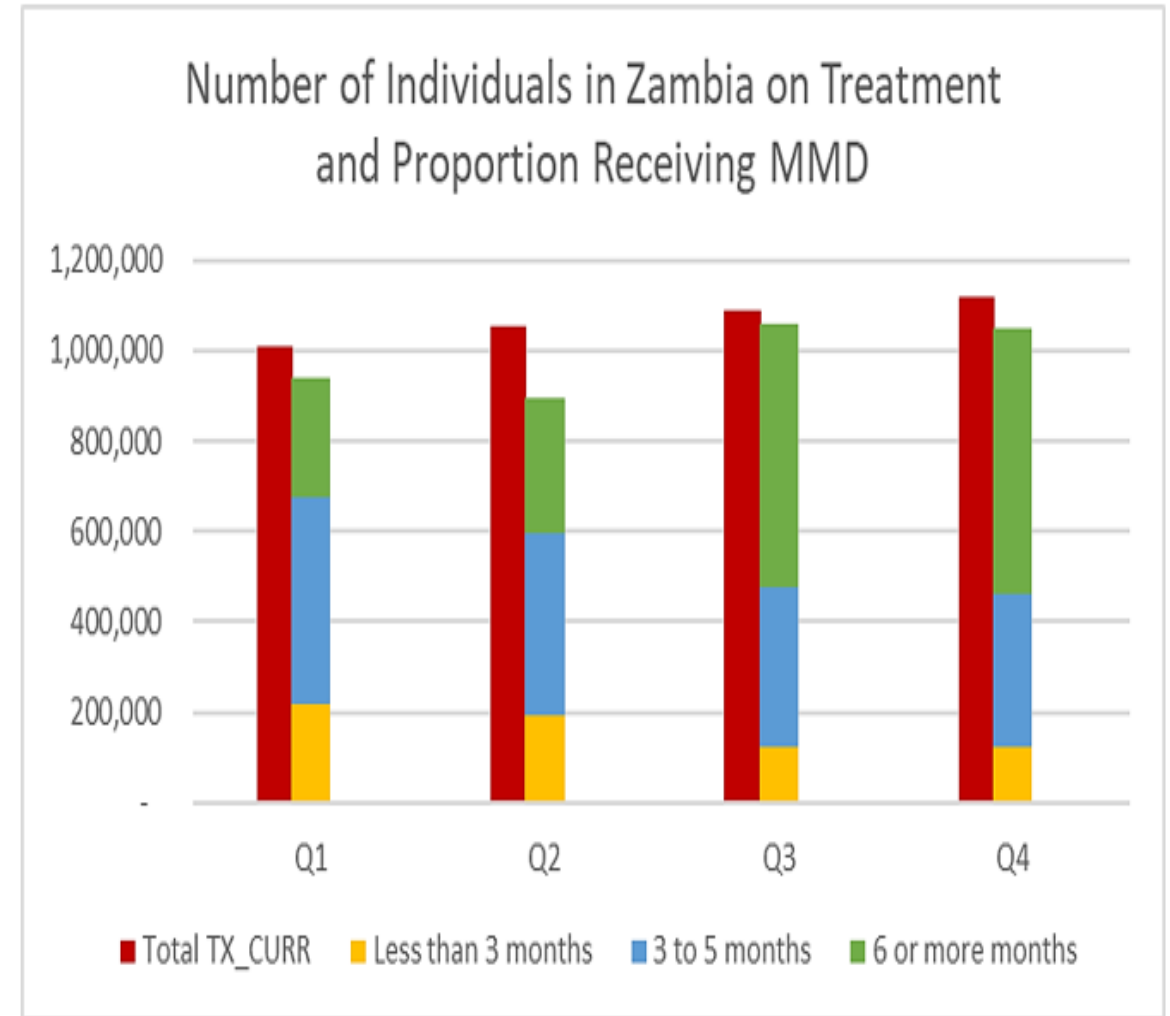
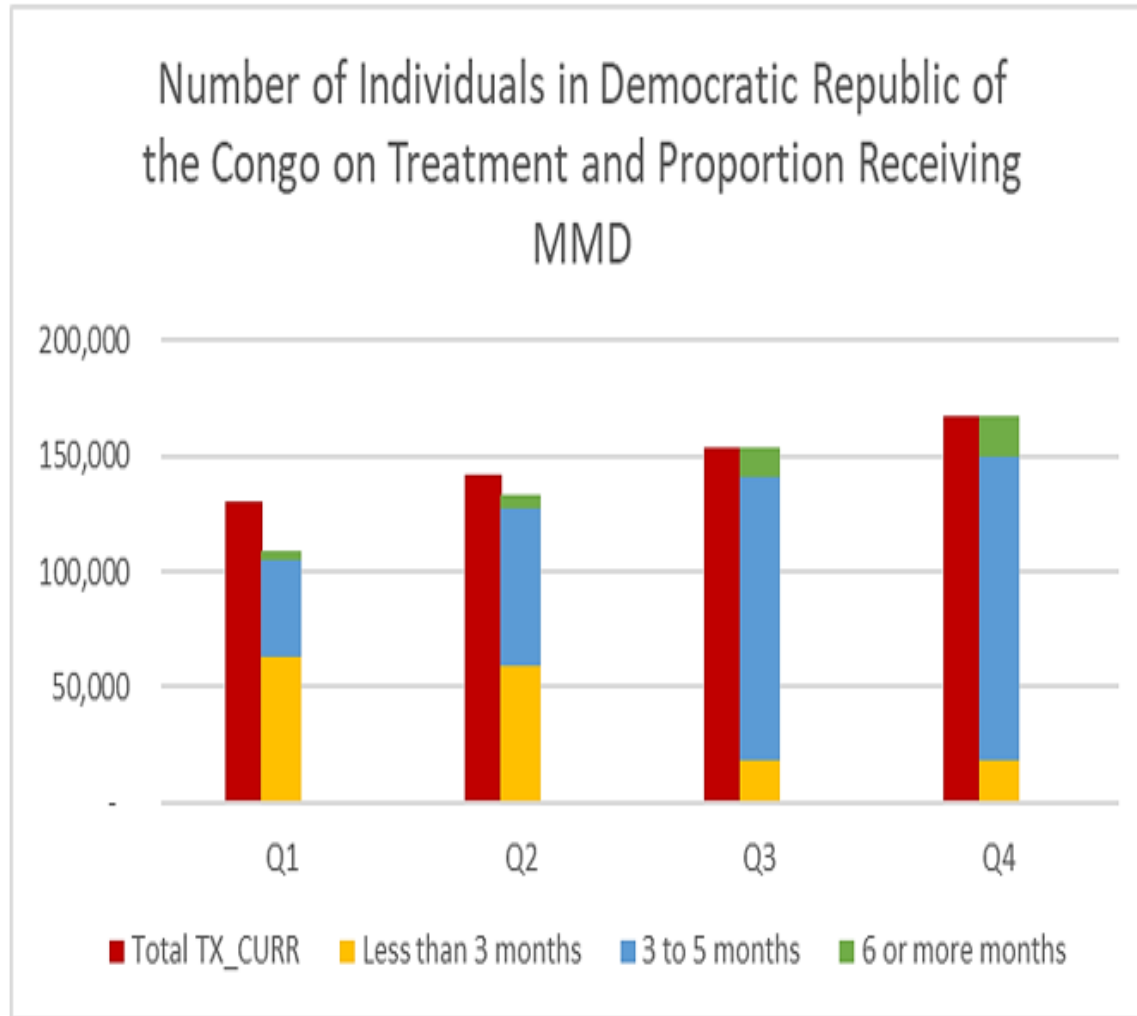
PEPFAR Increased Impact, in Flat Budget (FY2004-2020)



PEPFAR-funded PHIA – Countries Showing Achievements towards the Global HIV SDG 95/95/95 Goals

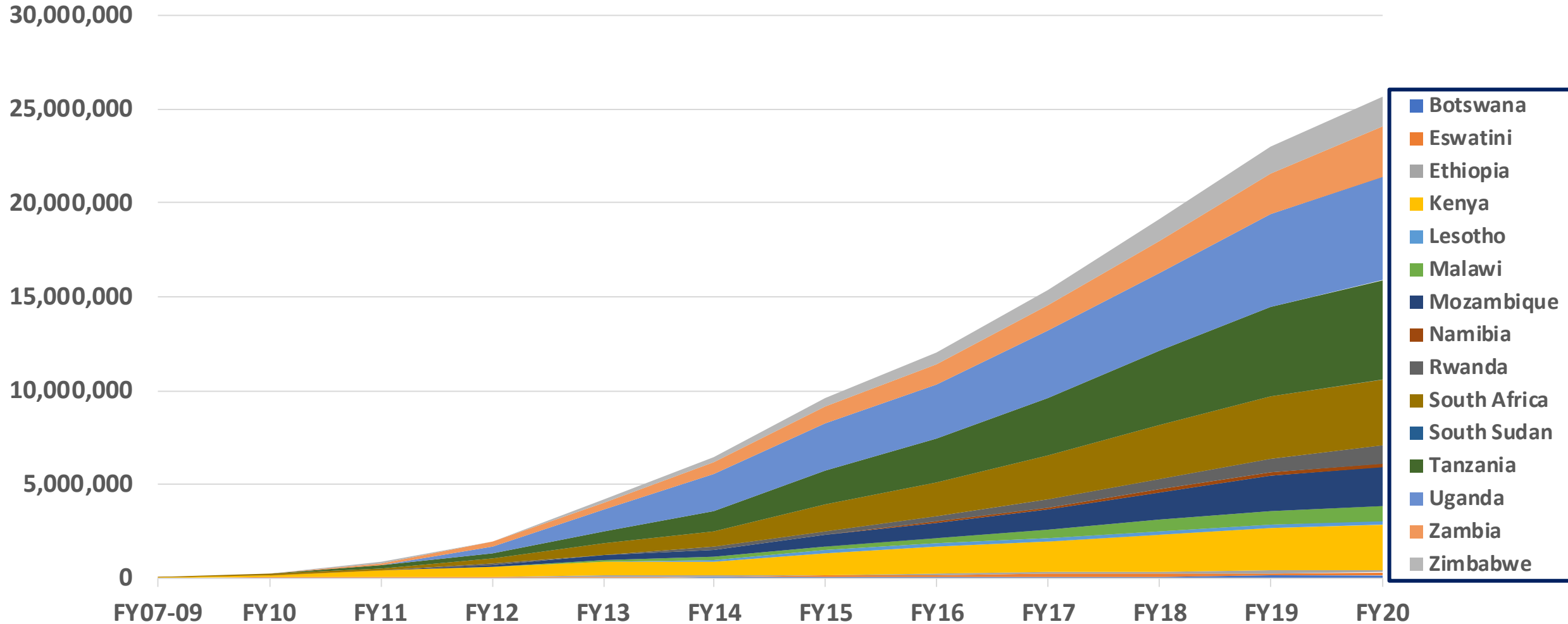


Rapid Progress of Multi-Month Dispensing for PLHIV in FY20



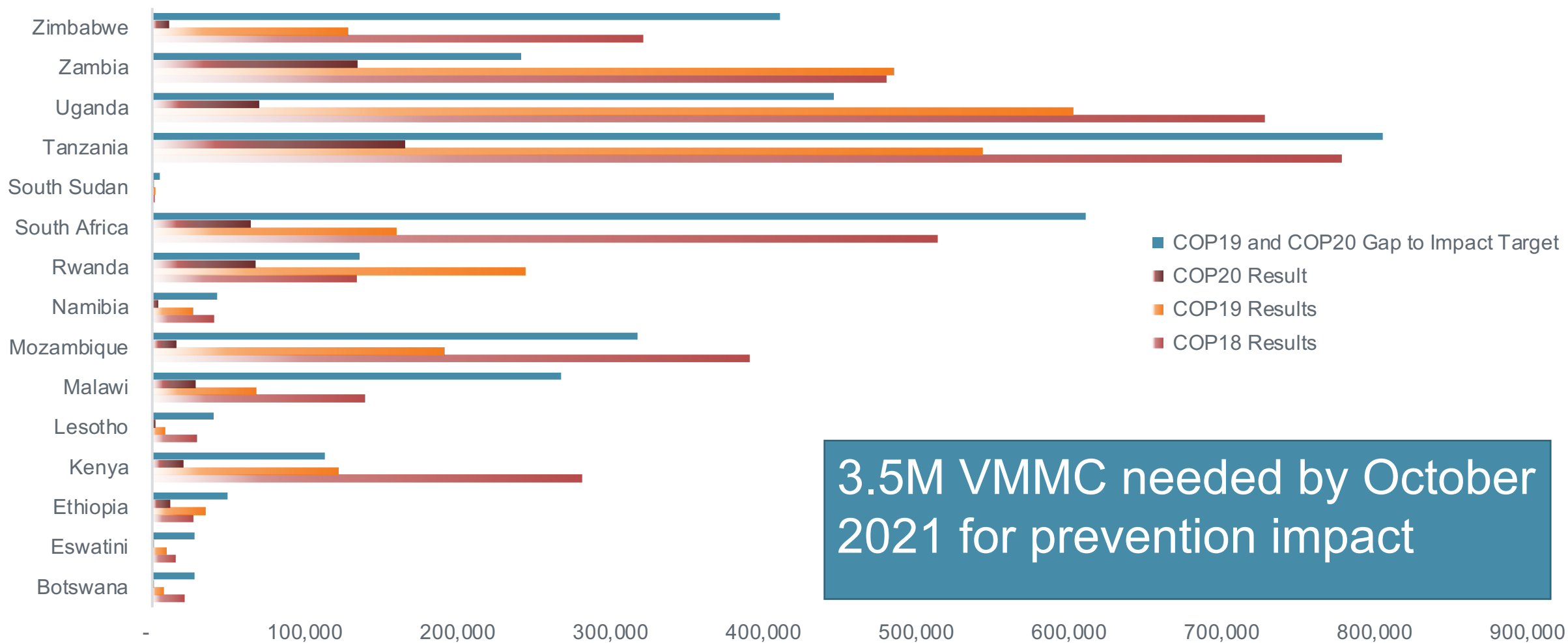
Over 25 million Cumulative VMMC's Since 2007

Cumulative VMMC's by Country, FY07-FY20



Source: Panorama and WAD 2020 Data

COVID-Related Gaps in VMMC Implementation - last year we conducted 65% of the targets.

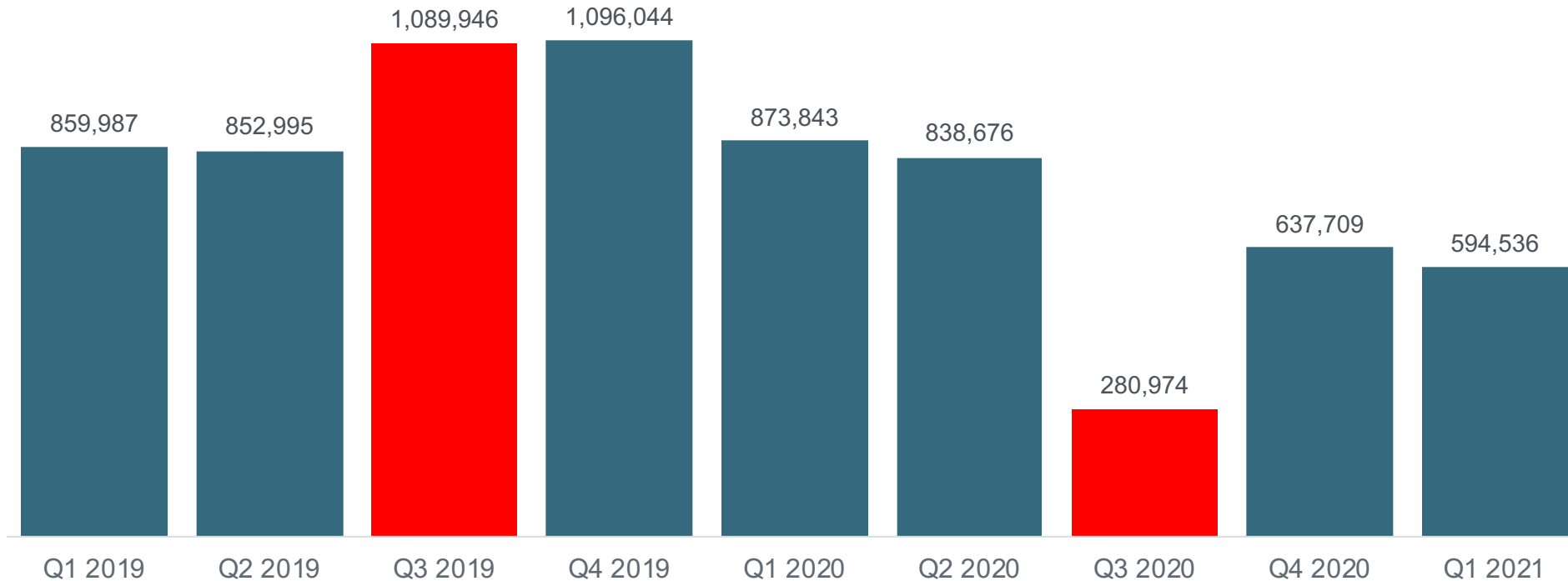


3.5M VMMC needed by October 2021 for prevention impact

COVID restrictions led to decreased VMMC performance

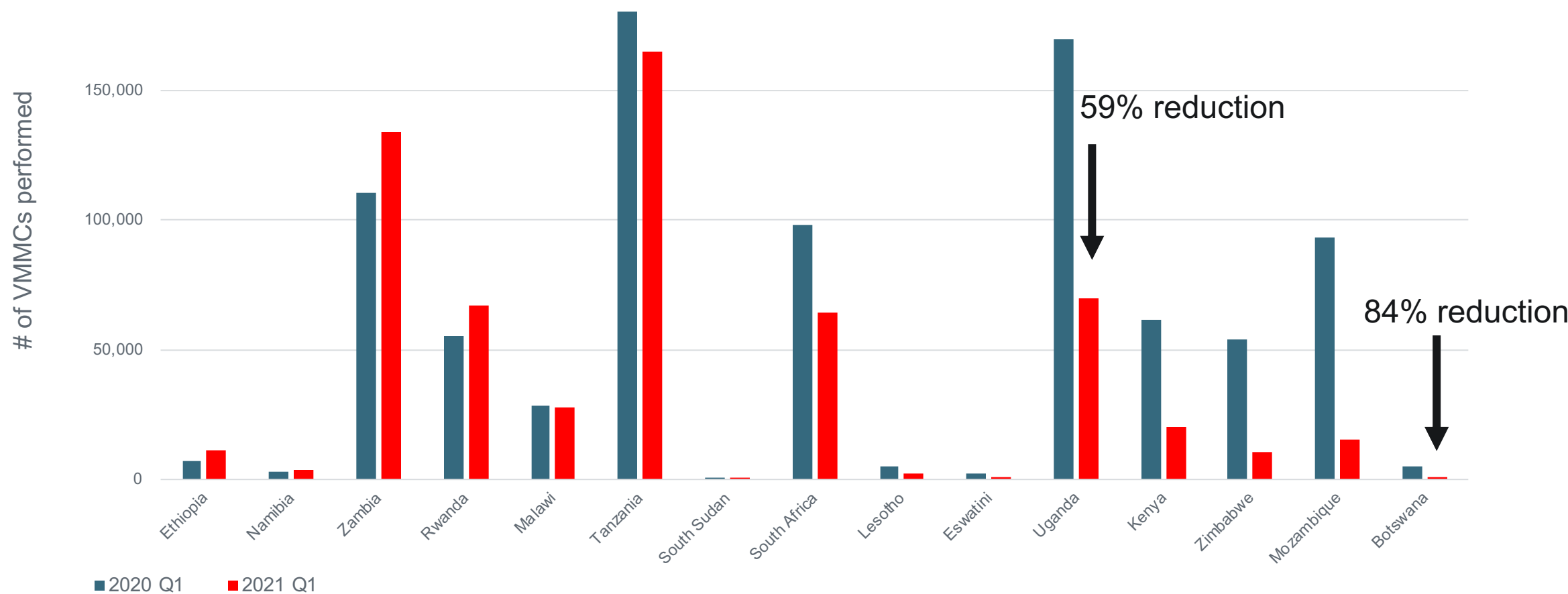
- 74% reduction in VMMCs performed in Q3 2020 vs. Q3 2019
- Performance increased over next 2 quarters but remains below historic volume
- Decreased volume in FY21 reflects COVID impact and 34% decrease in targets PEPFAR-wide

PEPFAR-supported VMMCs performed by quarter, all countries, FY19Q1 – FY21Q1



Many countries remain below historic volumes for VMMC in FY21Q1 . . .

11/15 countries had a reduction in performance in Q1 2021 vs. Q1 2020





Impact of DREAMS Programming since 2015

2017: New HIV diagnoses among AGYW declined by >25% in the majority (>60%) of DREAMS intervention regions

2018: New HIV diagnoses continued to decline in 85% of the highest HIV burdened communities/districts. Eight of the DREAMS-supported districts that had <25% decline of new HIV diagnoses among AGYW in 2017 had a >25% decline in 2018

2019: DREAMS has driven reductions in new HIV diagnoses among AGYW by 25% or more in nearly all of its geographic areas

2020/Q2: New HIV diagnoses among AGYW declined in all geographic areas implementing DREAMS. Of these areas, 96% have had a decline of >25% and the majority (62%, 55/89) have shown a decline of >40%.

Determined

Resilient

Empowered

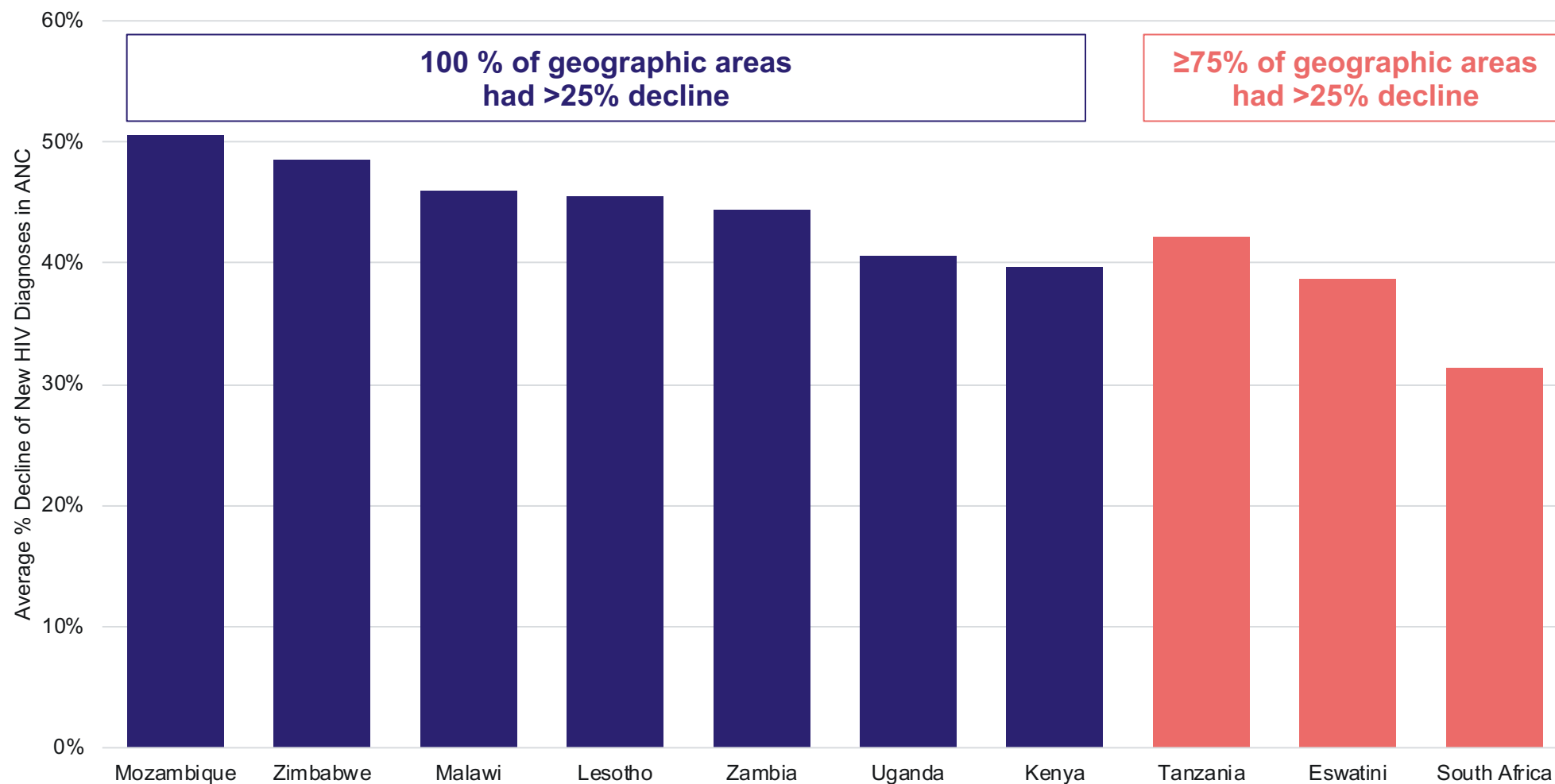
AIDS-Free

Mentored

Safe



Average Percent Decline in DREAMS Geographic Areas (2015-2020/Q2)



Determined

Resilient

Empowered

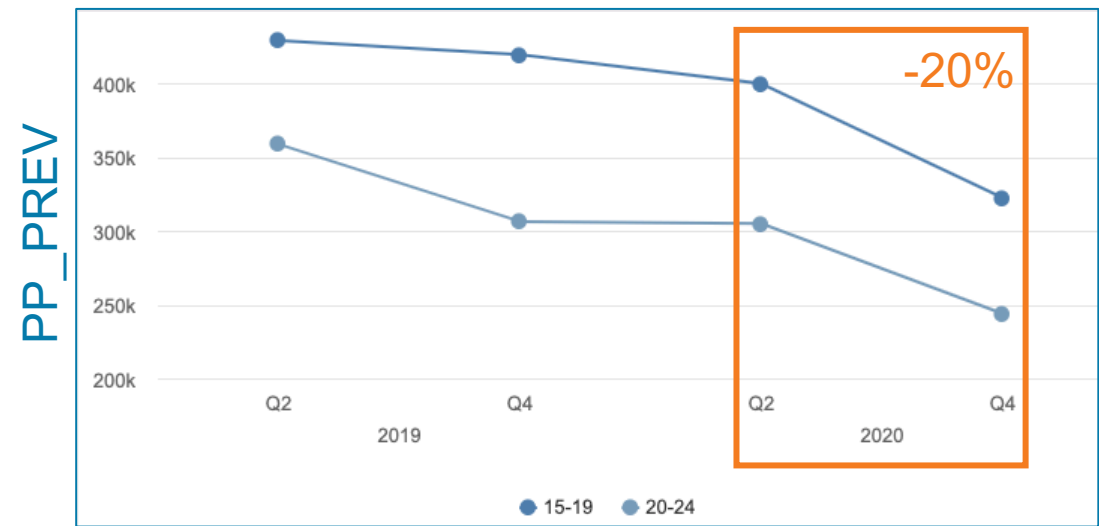
AIDS-Free

Mentored

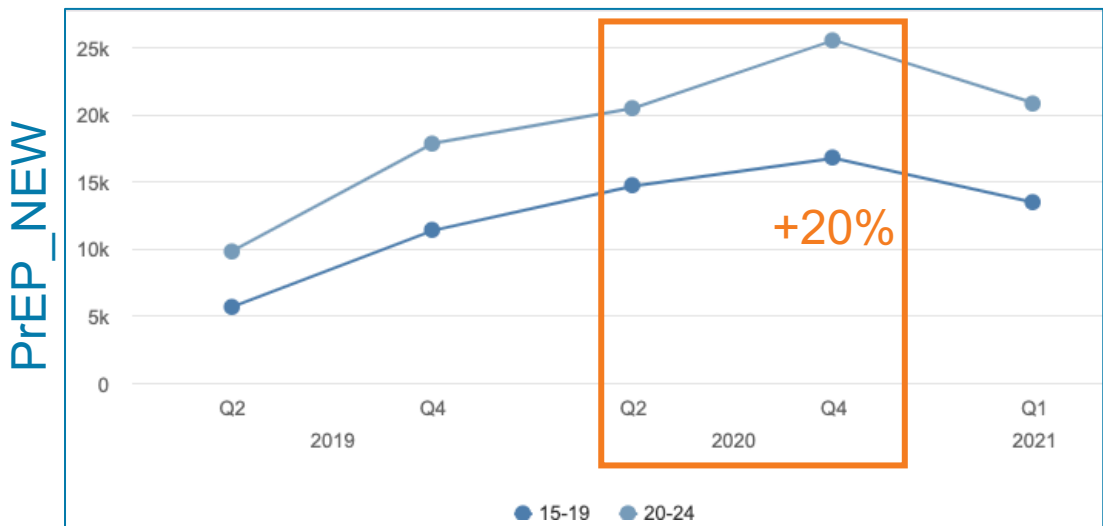
Safe

COVID-19 Impact on AGYW Prevention Varies by Service

PEPFAR Results for AGYW in DREAMS SNUs

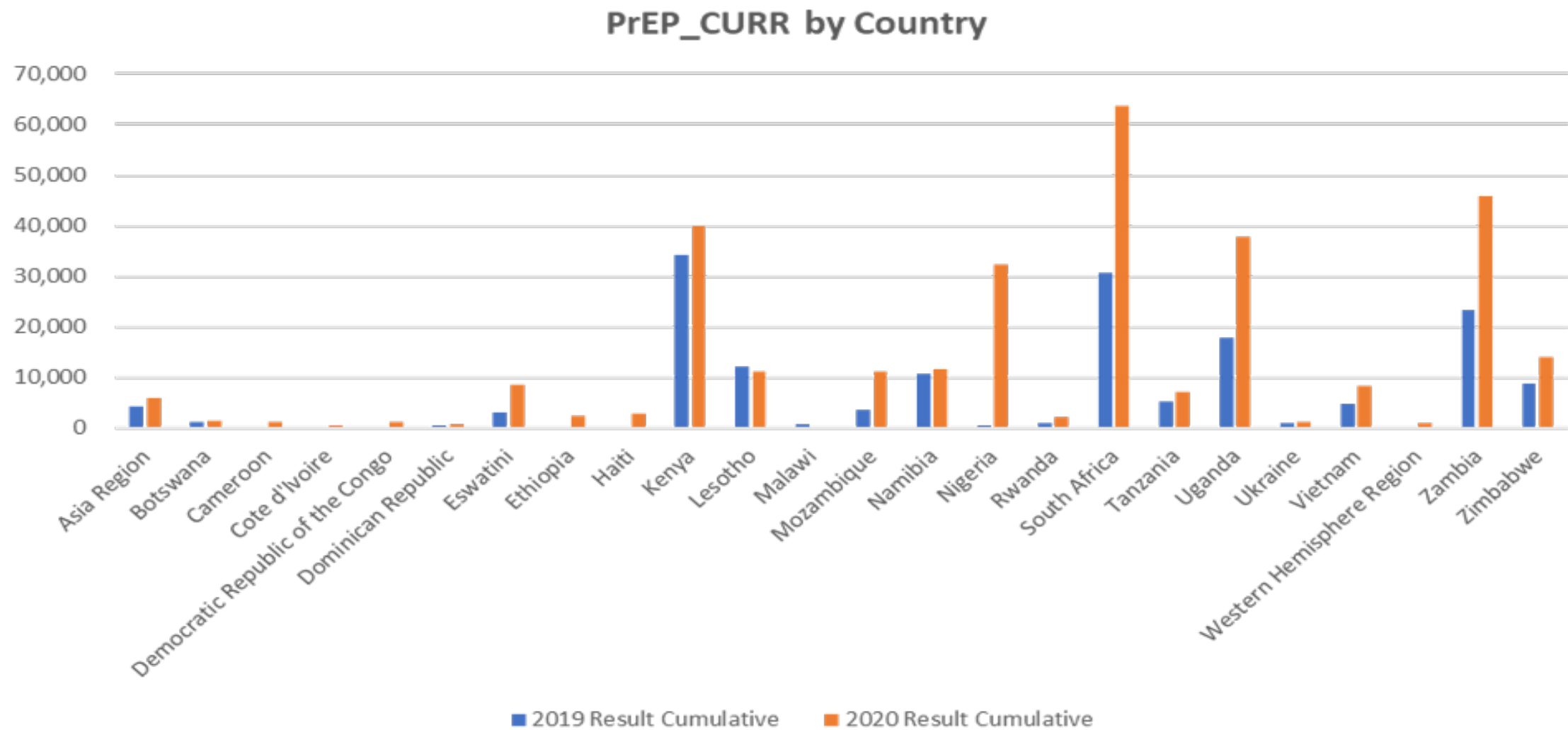


Declines in group-based prevention activities due to COVID-19 lockdowns, school closures, and gathering restrictions

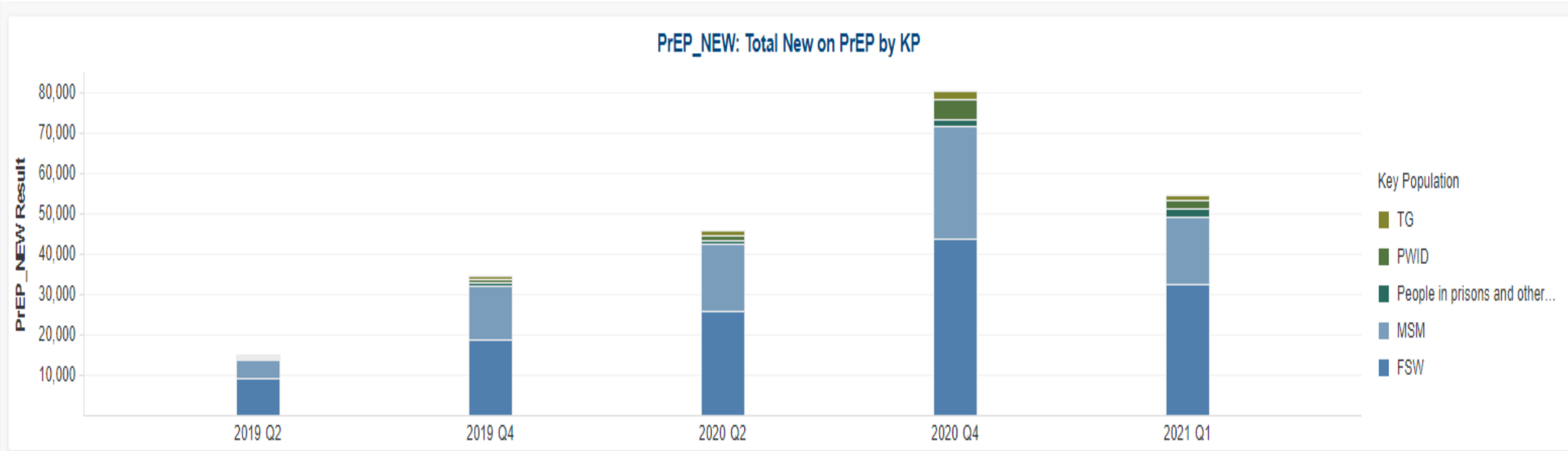


Increases in PrEP initiation, reflecting emphasis on PrEP as essential service during COVID-19 and program innovations

Increase in PrEP by Country/Region

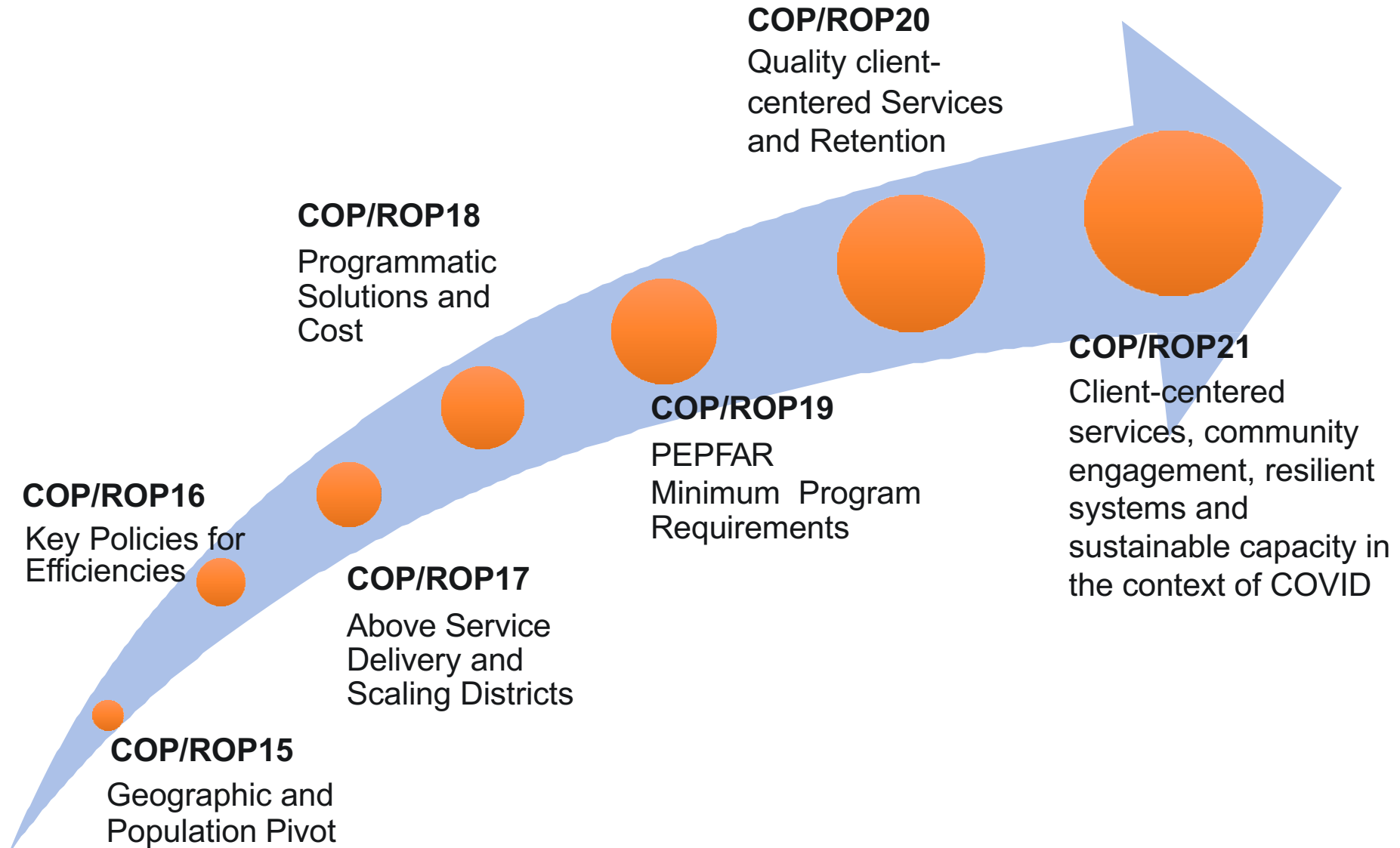


Key Populations Initiating PrEP Results



NOTE: Values are displaying KP disaggs for PrEP_NEW. KP disaggs were optional in FY18 and FY19. In FY18 PrEP_NEW was reported as a quarterly indicator. For trend purposes in this visual, FY18Q2= FY18Q1 + FY18Q2 and FY18Q4= FY18Q3 + FY18Q4.

Path to Epidemic Control – COP21 Direction



COP/ROP 2021 Process

- COP/ROP 2021 process **resumes April 1, 2021 and will conclude no later than May 21, 2021.**
- PEPFAR is firmly committed to ensure that **collaborative, transparent, and data-driven COP/ROP 2021 plans** are completed in every PEPFAR-supported country and region and that there is **no disruption in HIV services** at the start of FY 2022.
- The significant time and effort already invested by PEPFAR teams and partners to inform programmatic direction in line with the **existing FY 2021 planning level budgets** will be well utilized.
- COP/ROP 2021 **incorporates new policies prioritized by the Biden-Harris Administration**, including rescission of the Mexico City Policy, reengagement with WHO, and others that are relevant to PEPFAR.
- Recognizing the constraints imposed by the unprecedented situation of COVID-19, the COP/ROP 21 process is **more flexible the resumed process** – while **ensuring meaningful and transparent dialogue** with partner governments, multilaterals and civil society
- **Joint plan** (with targets and budgets aligned to programmatic direction toward epidemic control) resulting from **data-driven and transparent dialogue, discussion of gaps, and resolution of prioritized issues** with U.S government, partner governments, multilaterals and civil society

American Rescue Plan

- The American Rescue Plan and the infusion of new resources represents the United States' unprecedented commitment under President Biden's leadership to fighting COVID and its impacts in the U.S and around the globe.
- As a part of the larger global response, the United States through the Biden-Harris Administration, intends to:
 - Invest \$250 million USD to prevent and mitigate COVID-19 impacts on PEPFAR programs and beneficiaries
 - Prevent, prepare for, and respond to coronavirus (including prevention of COVID-19 infection, illness, and death among PEPFAR-supported beneficiaries and staff)
 - Mitigate COVID-19 impact on PEPFAR programs and beneficiaries and support program recovery from the impacts of coronavirus
- Additional details on the use of the funds within PEPFAR will be forthcoming

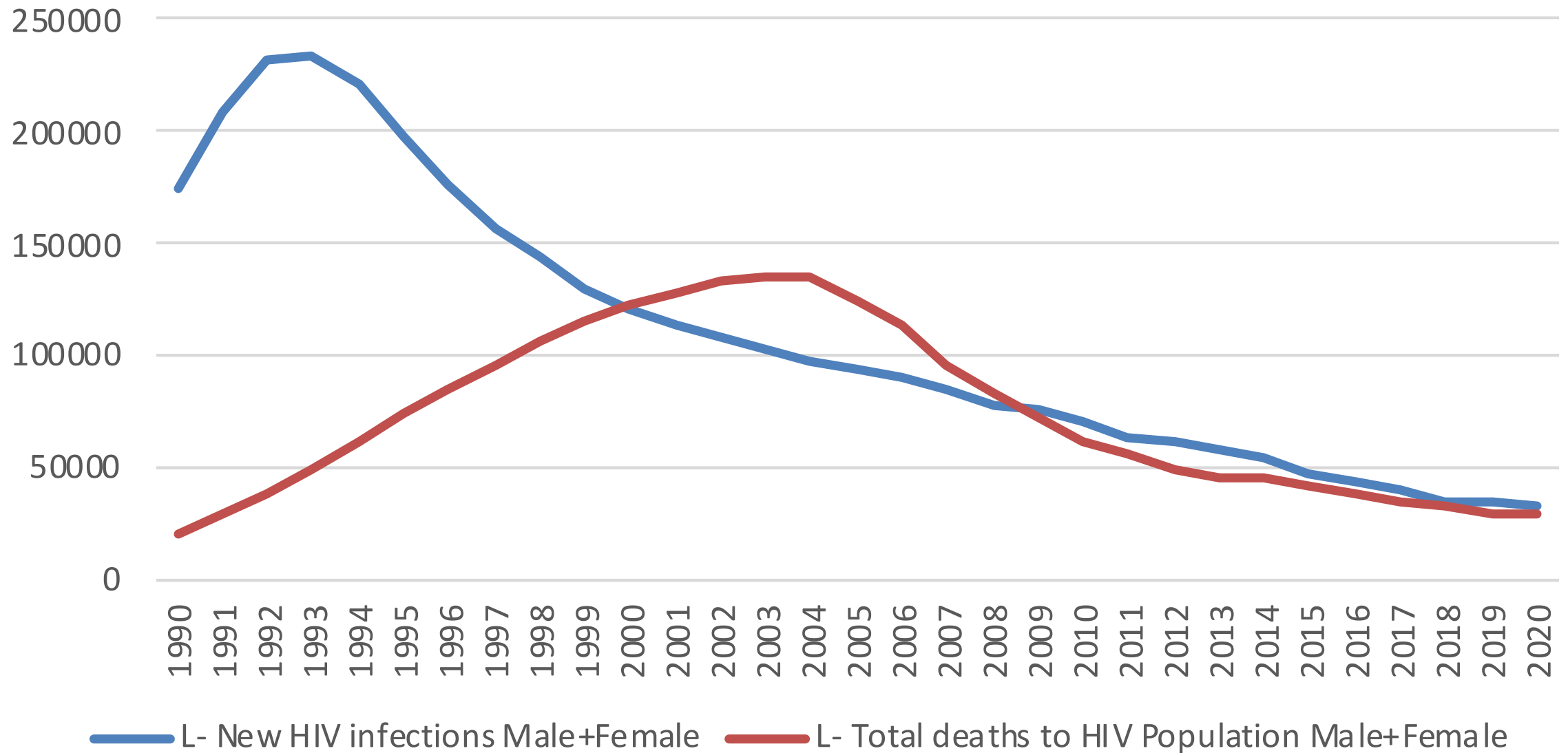
Epidemiologic Updates



Countries at Epidemic Control

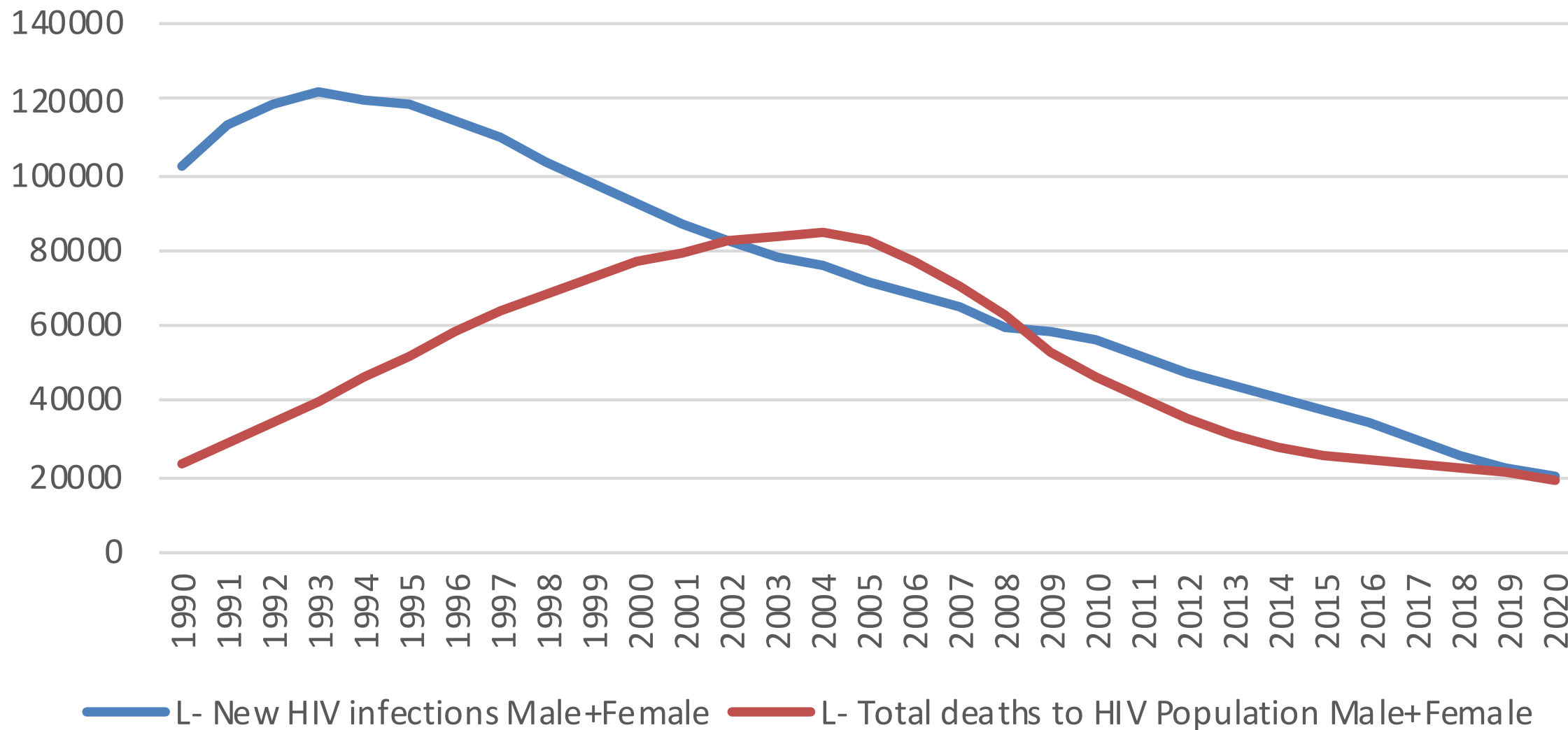
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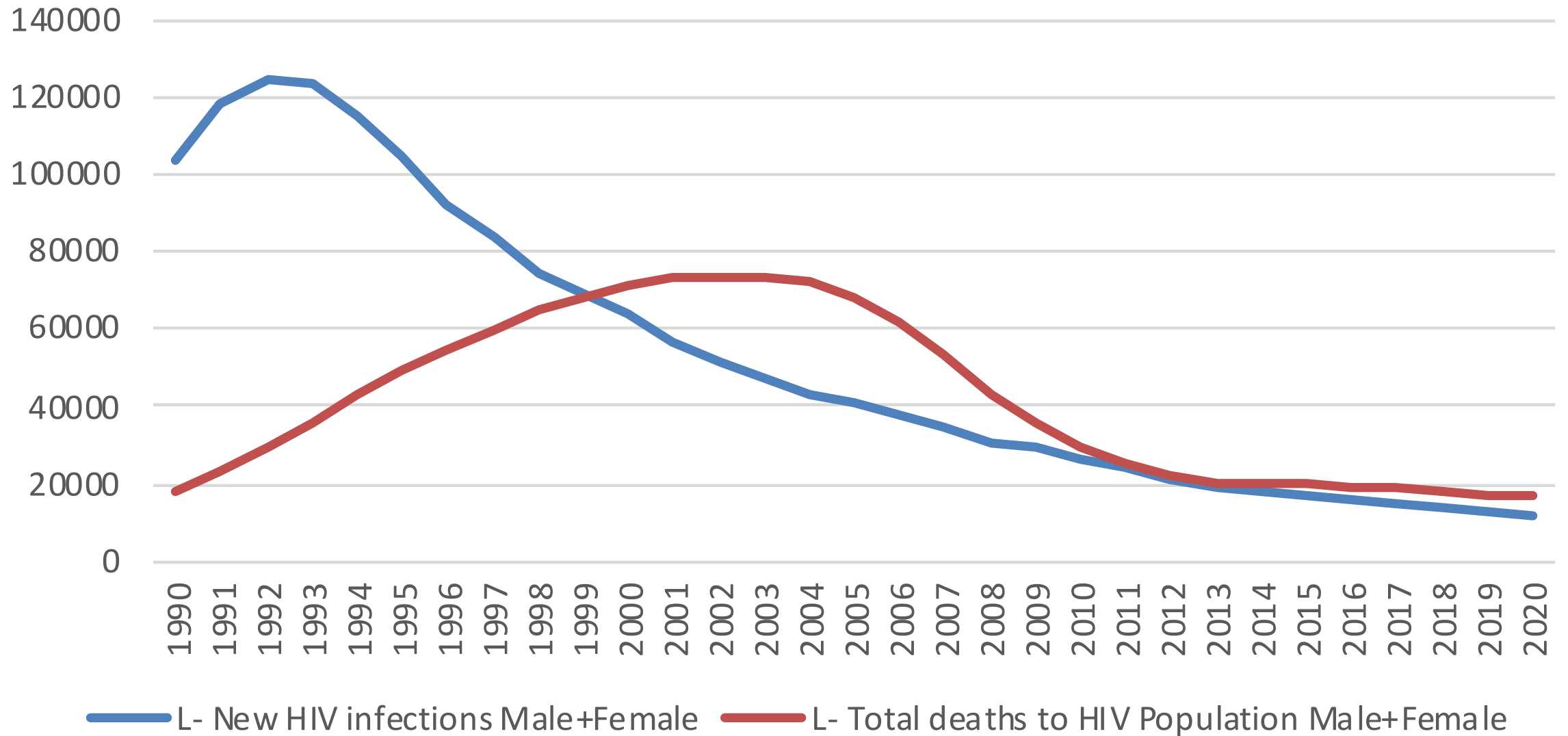
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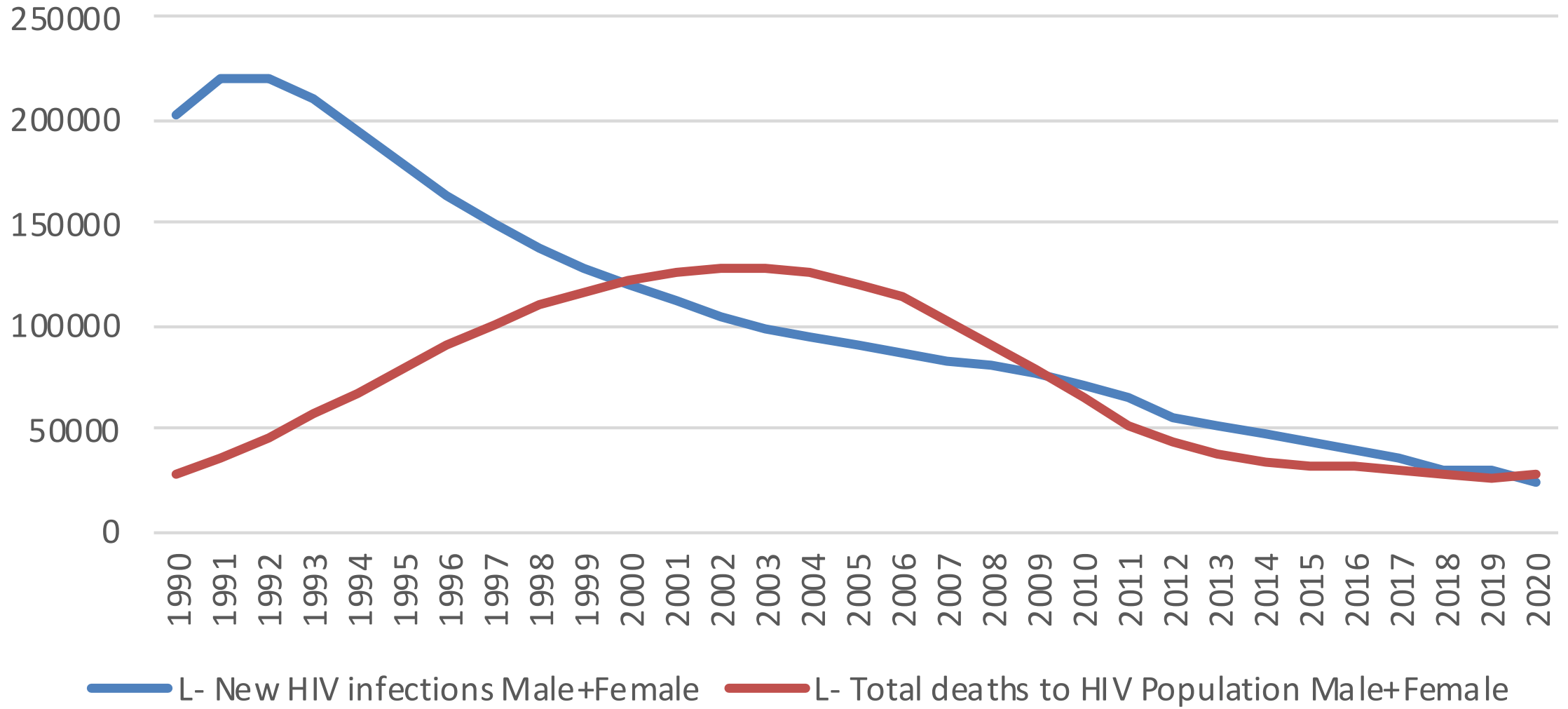
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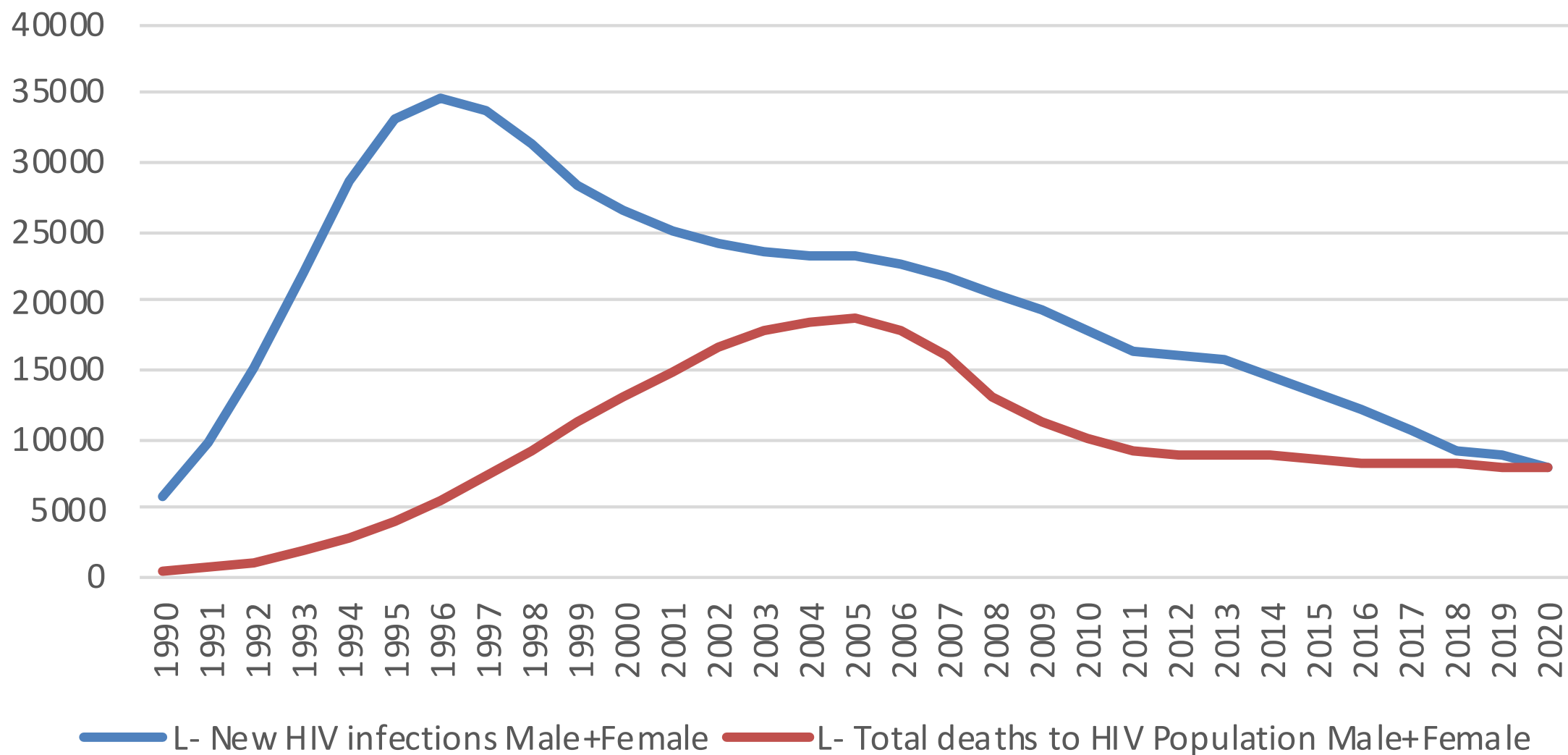
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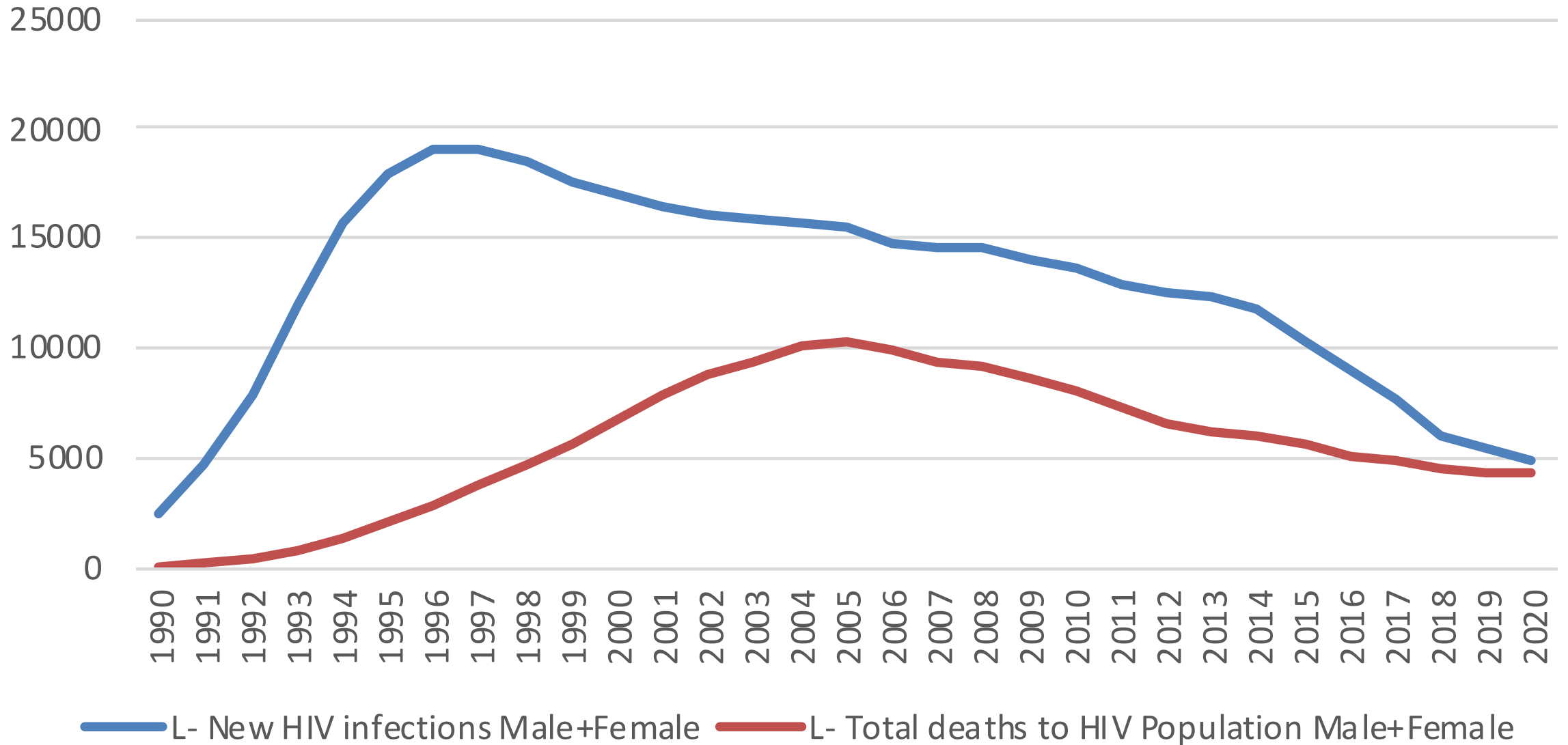
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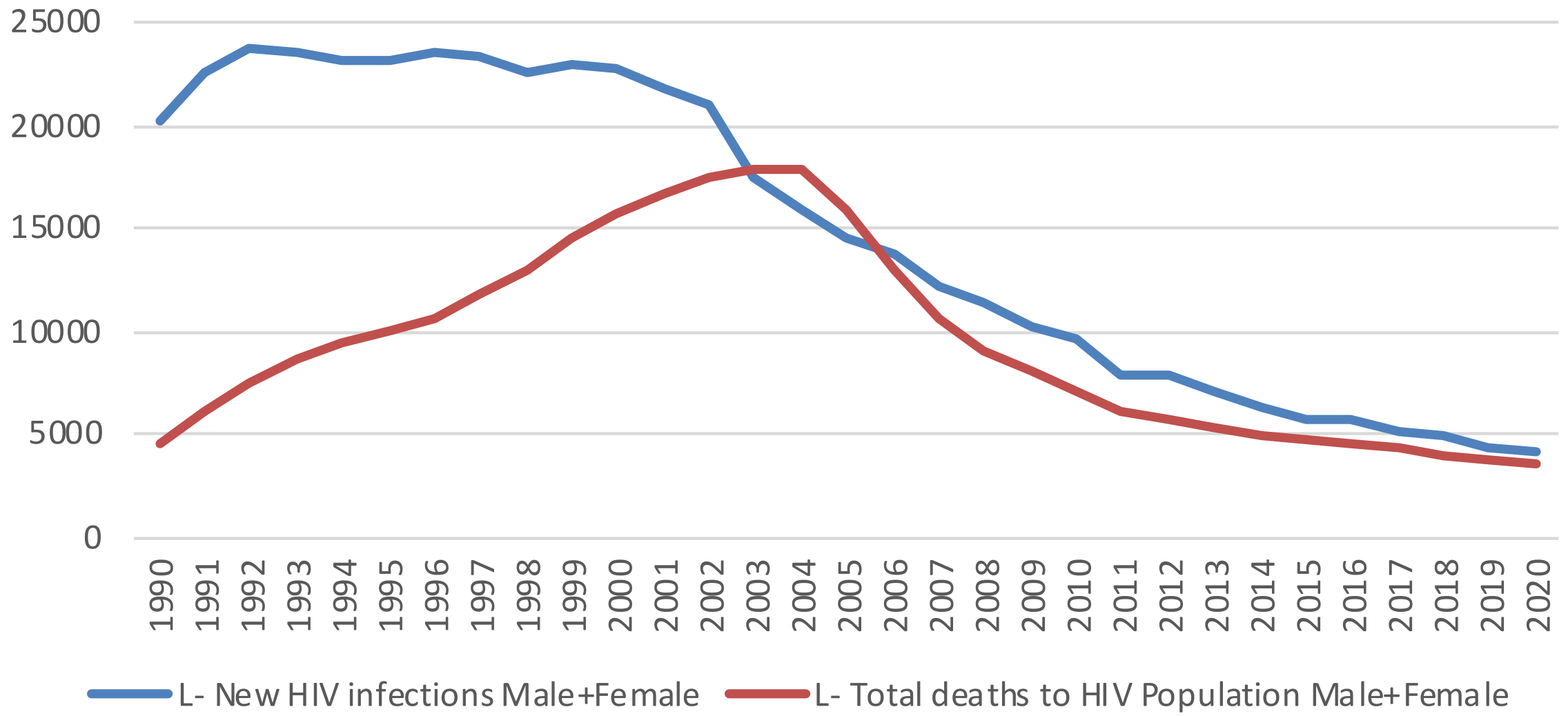
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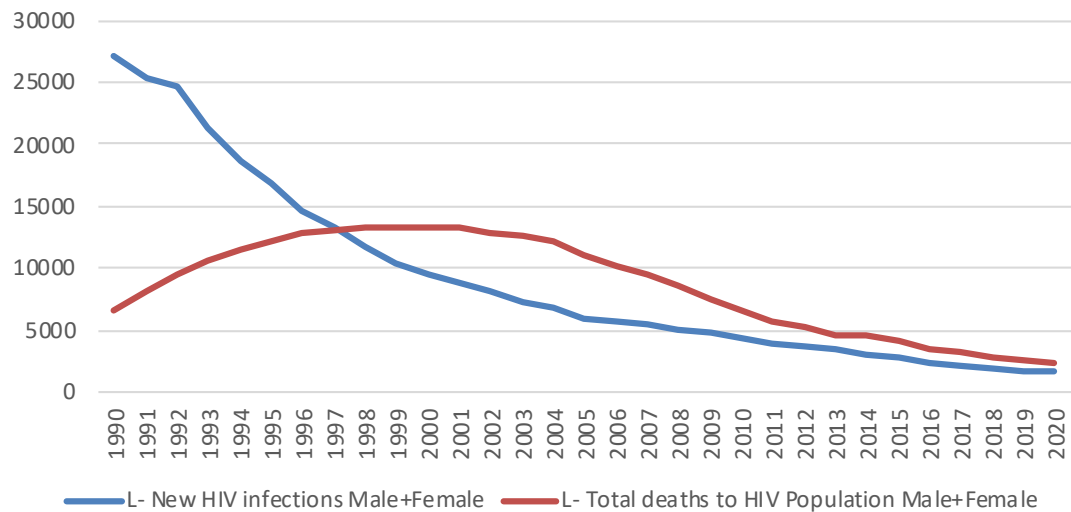


Rwanda

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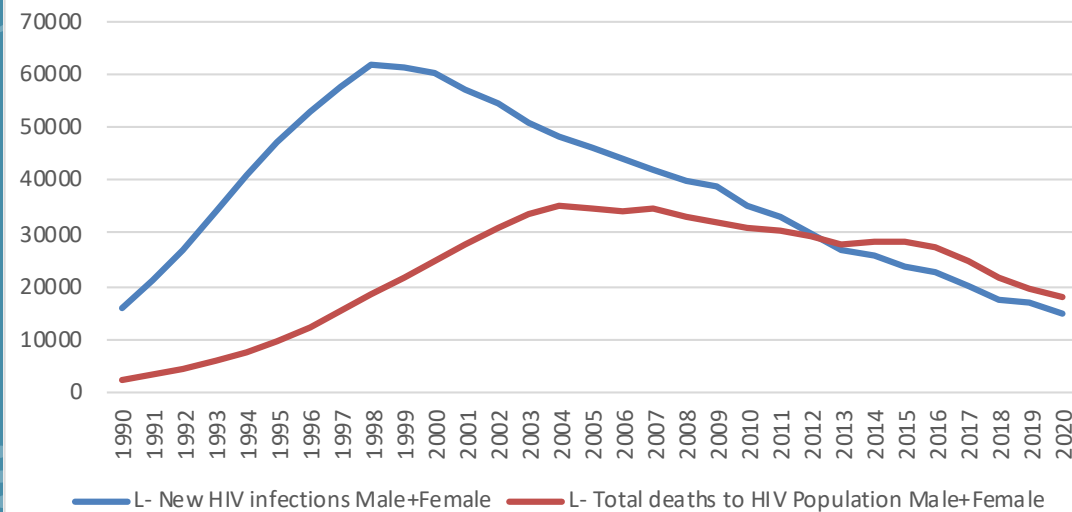


Burundi

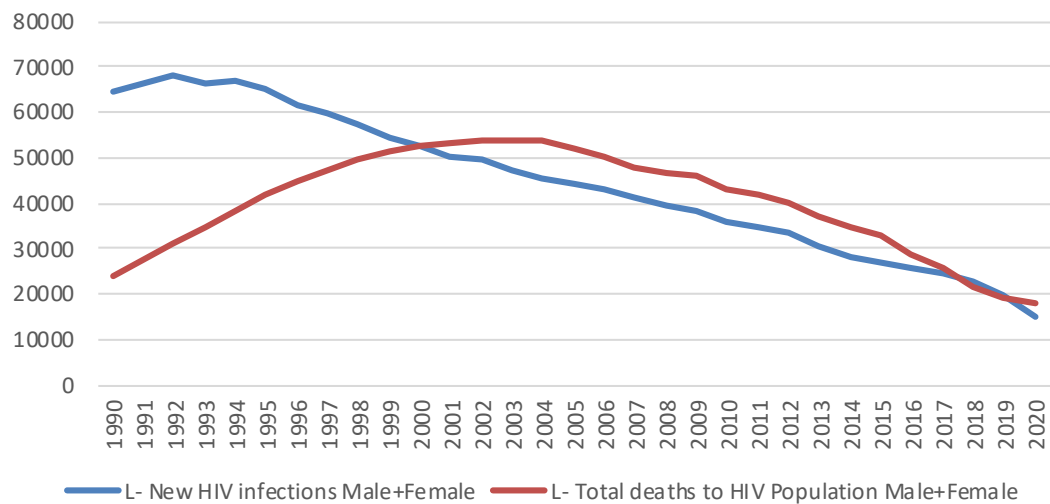


Cameroon

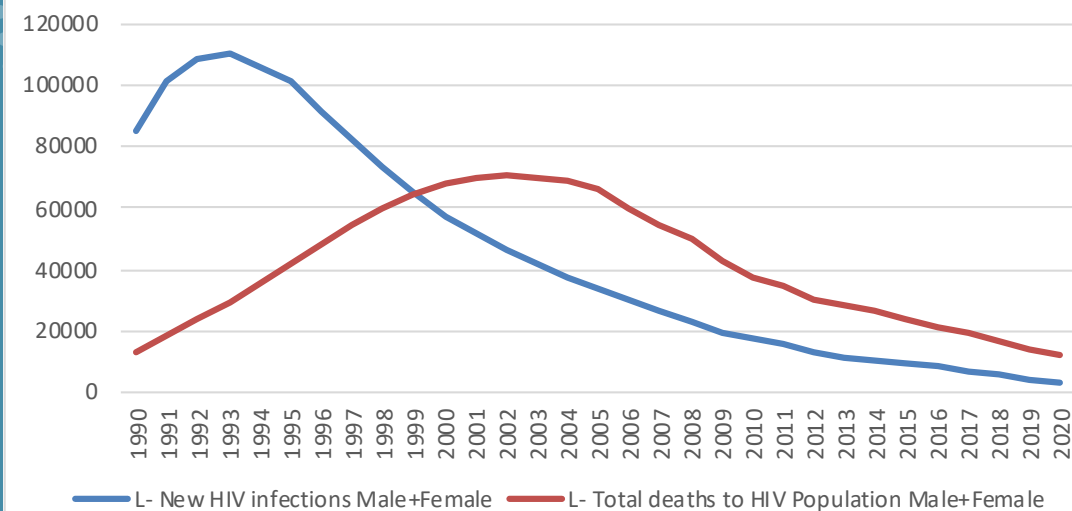
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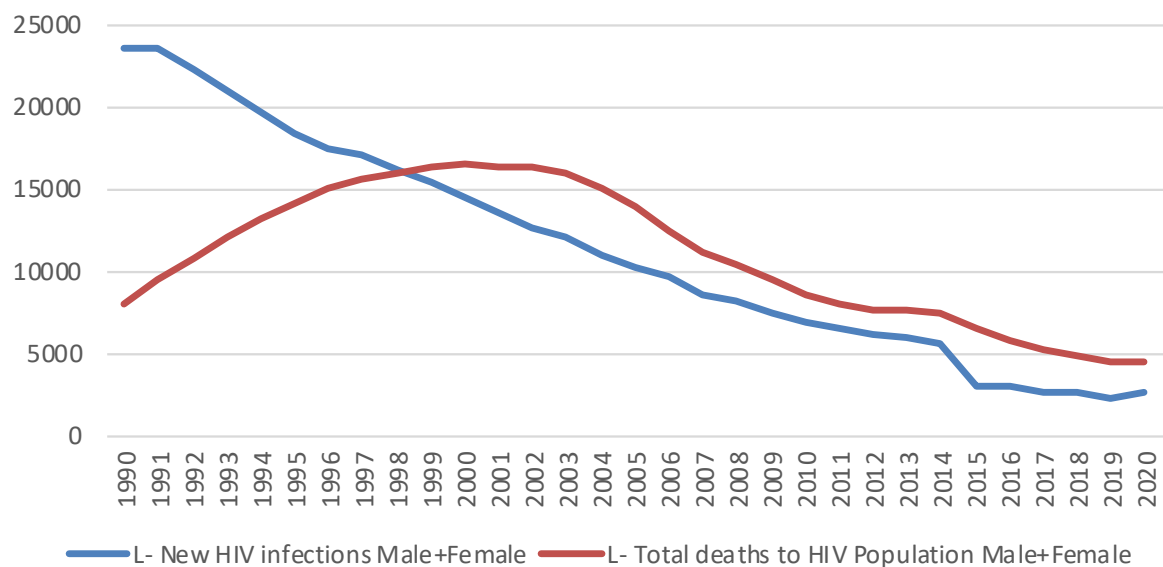
DRC



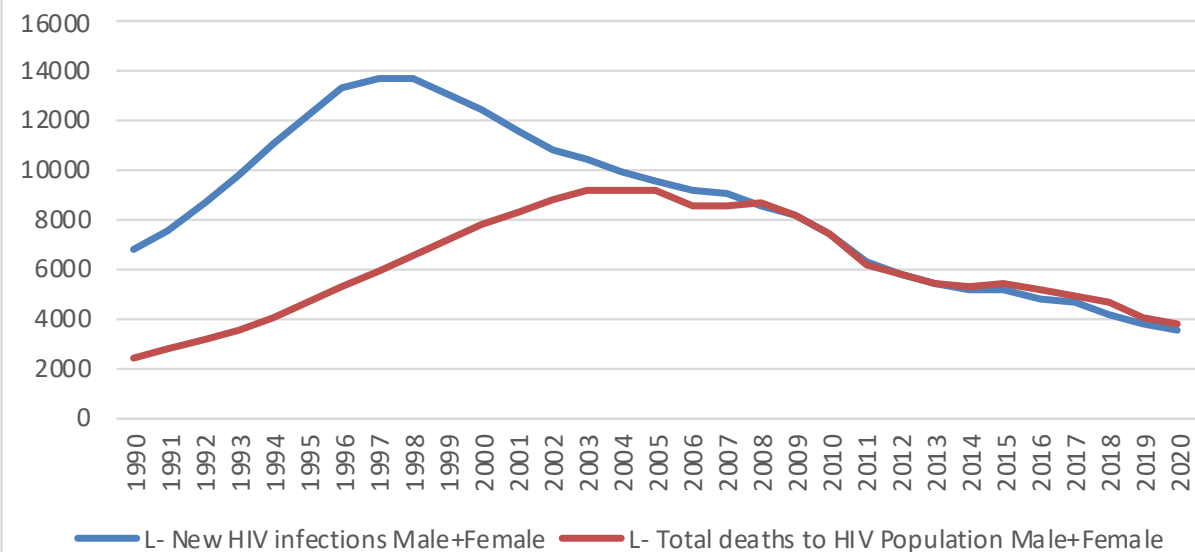
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Burkina Faso



Togo

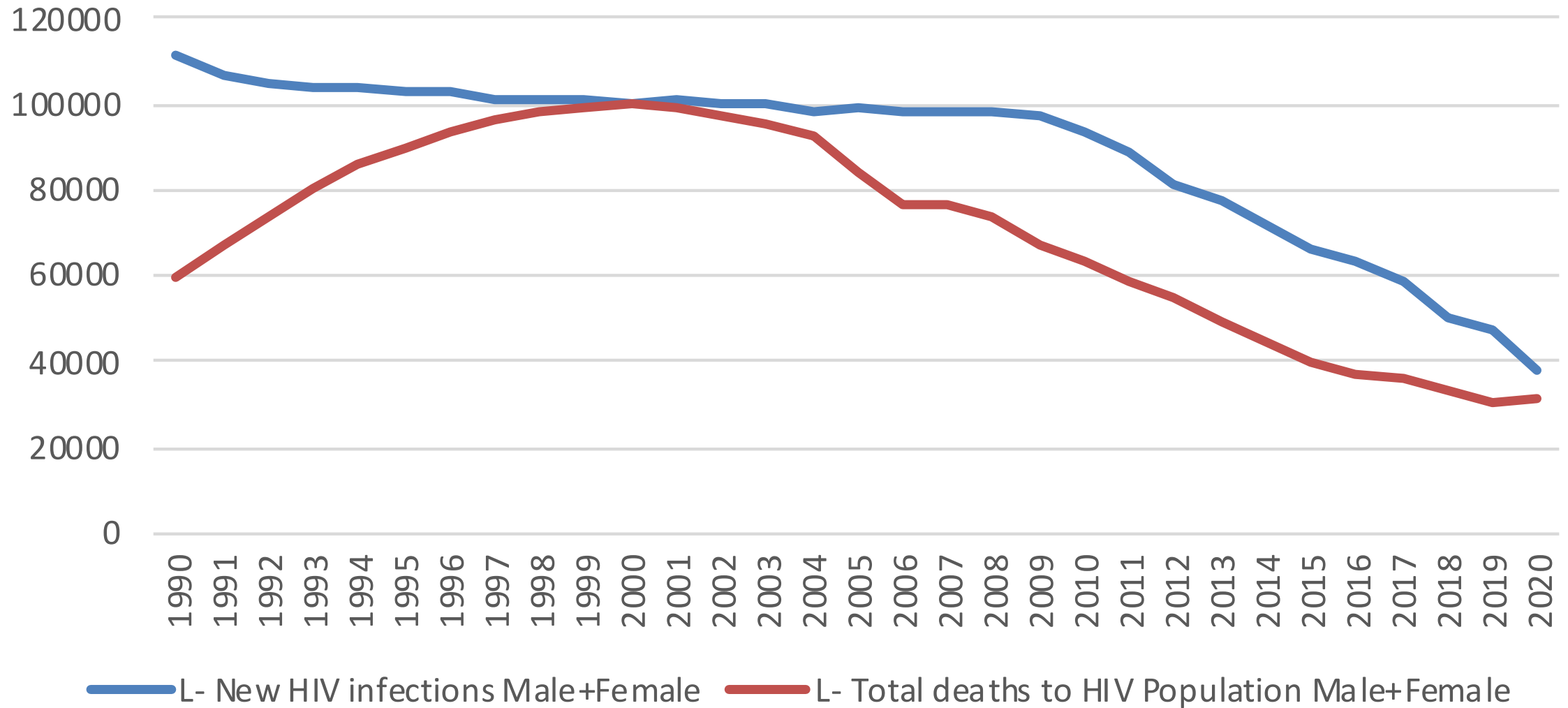




Countries Near Epidemic Control

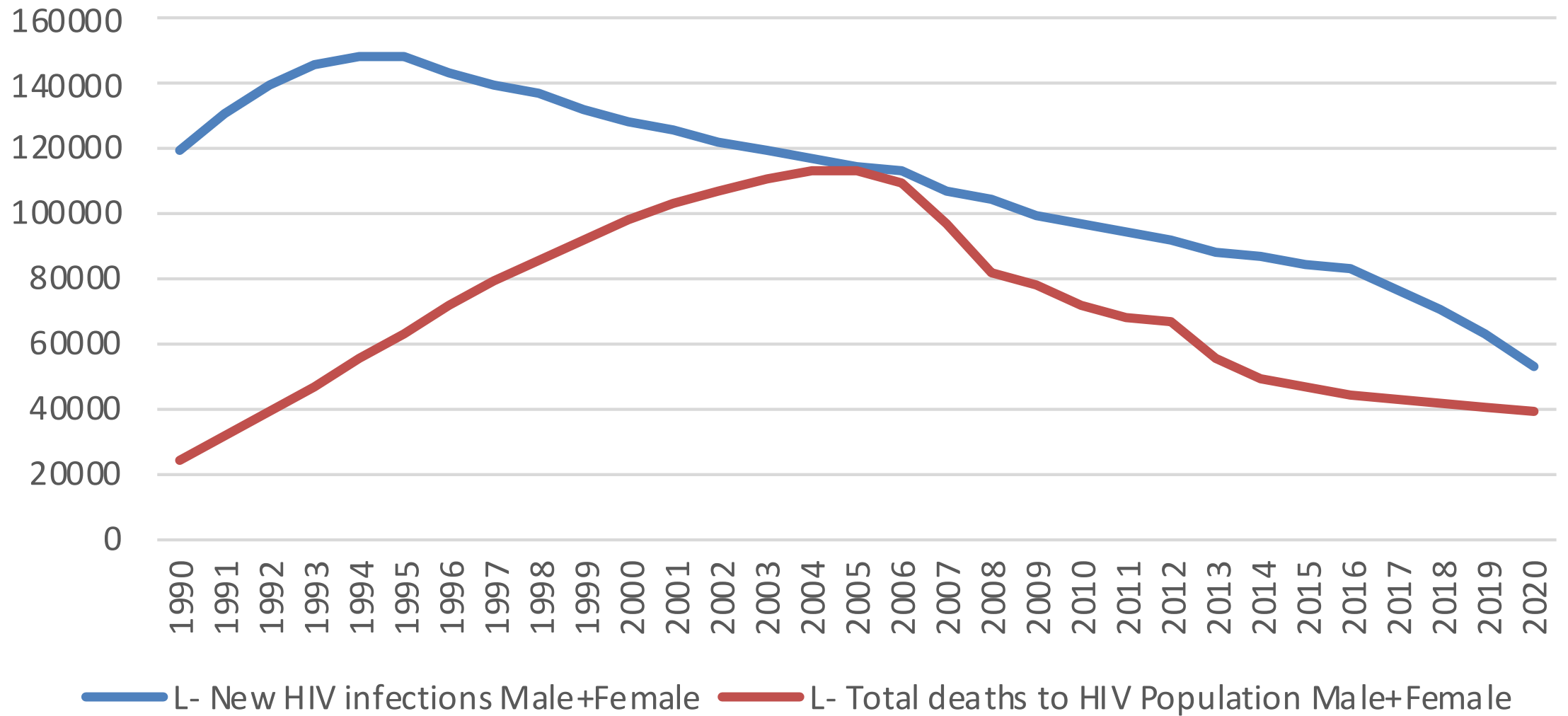
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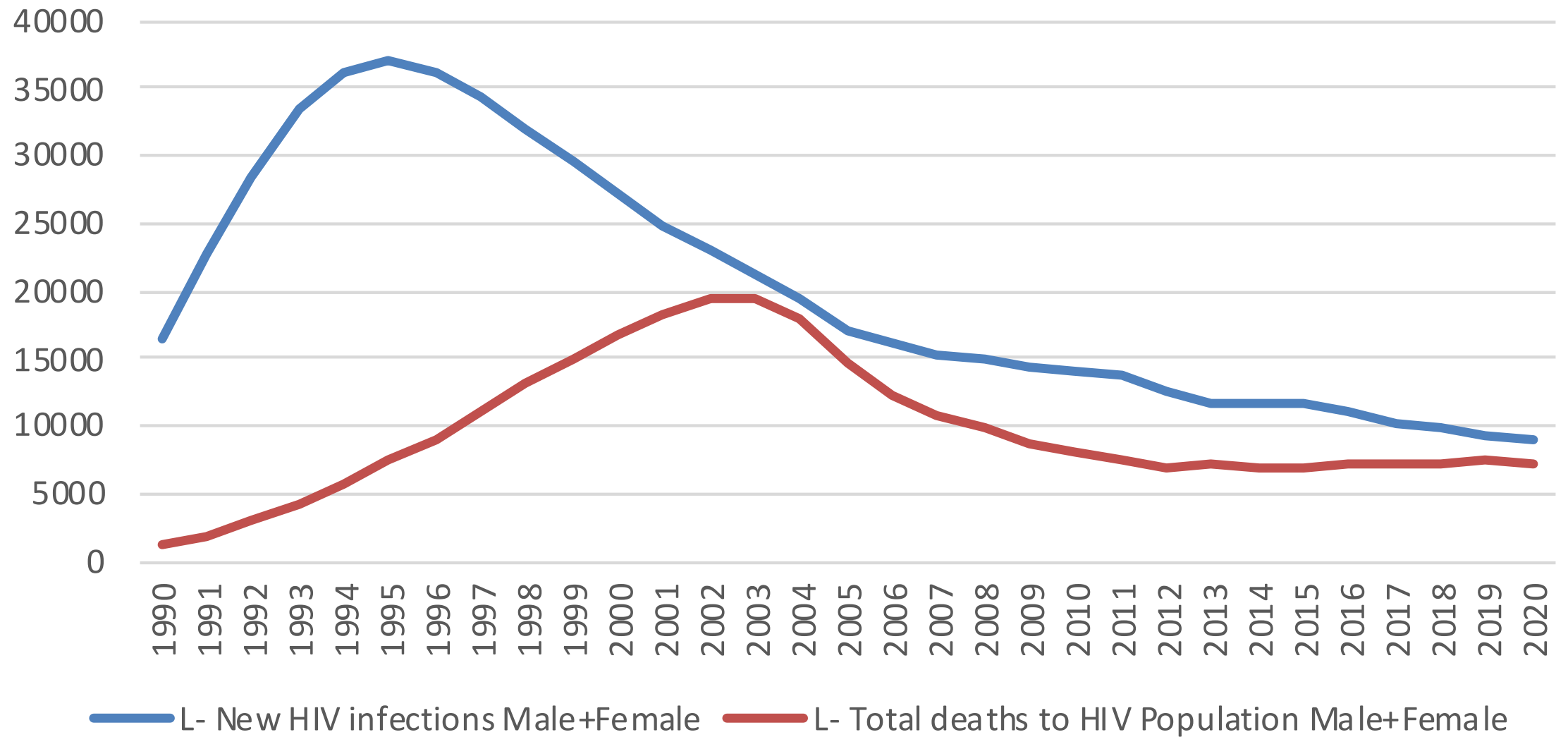
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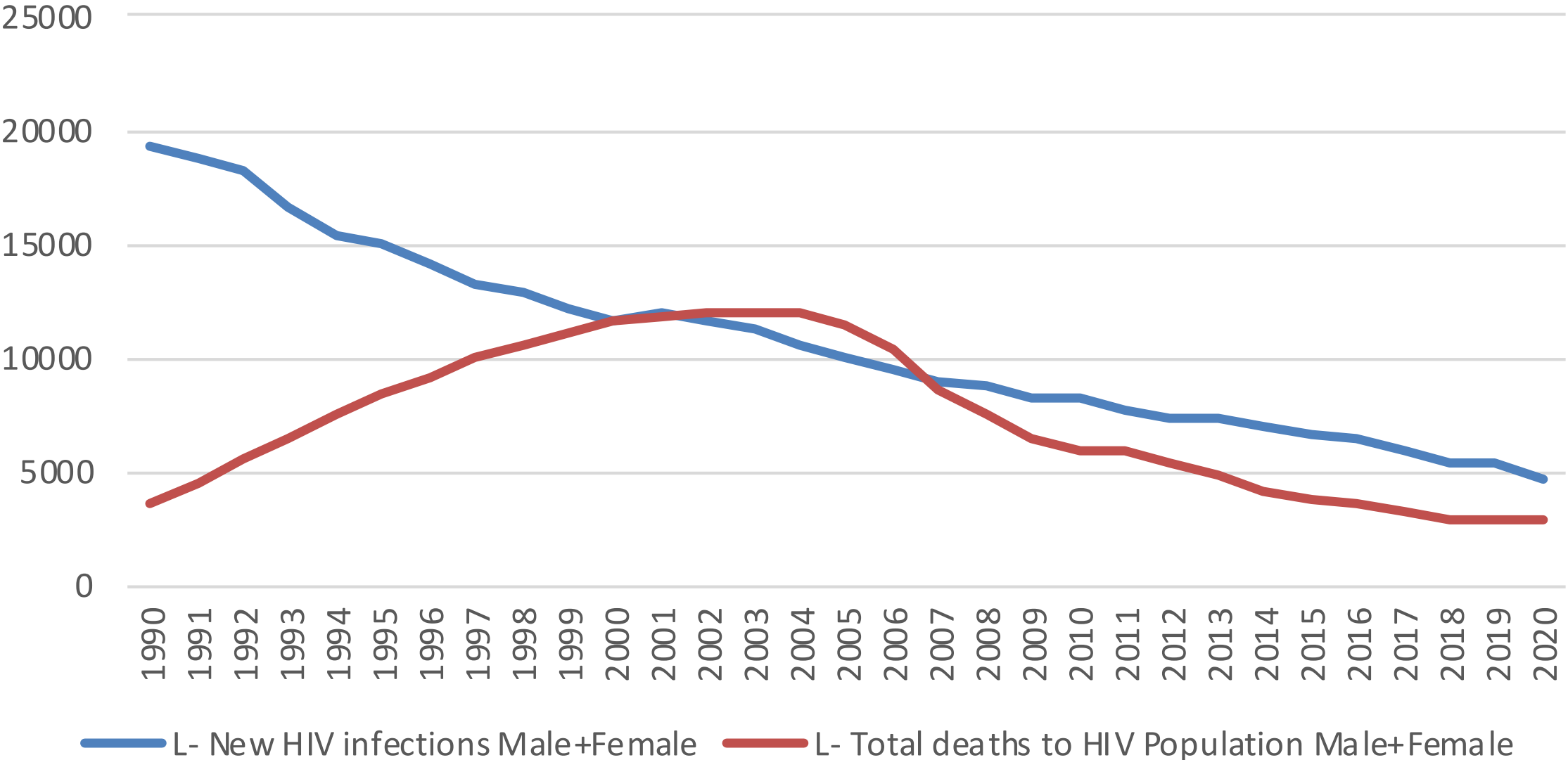
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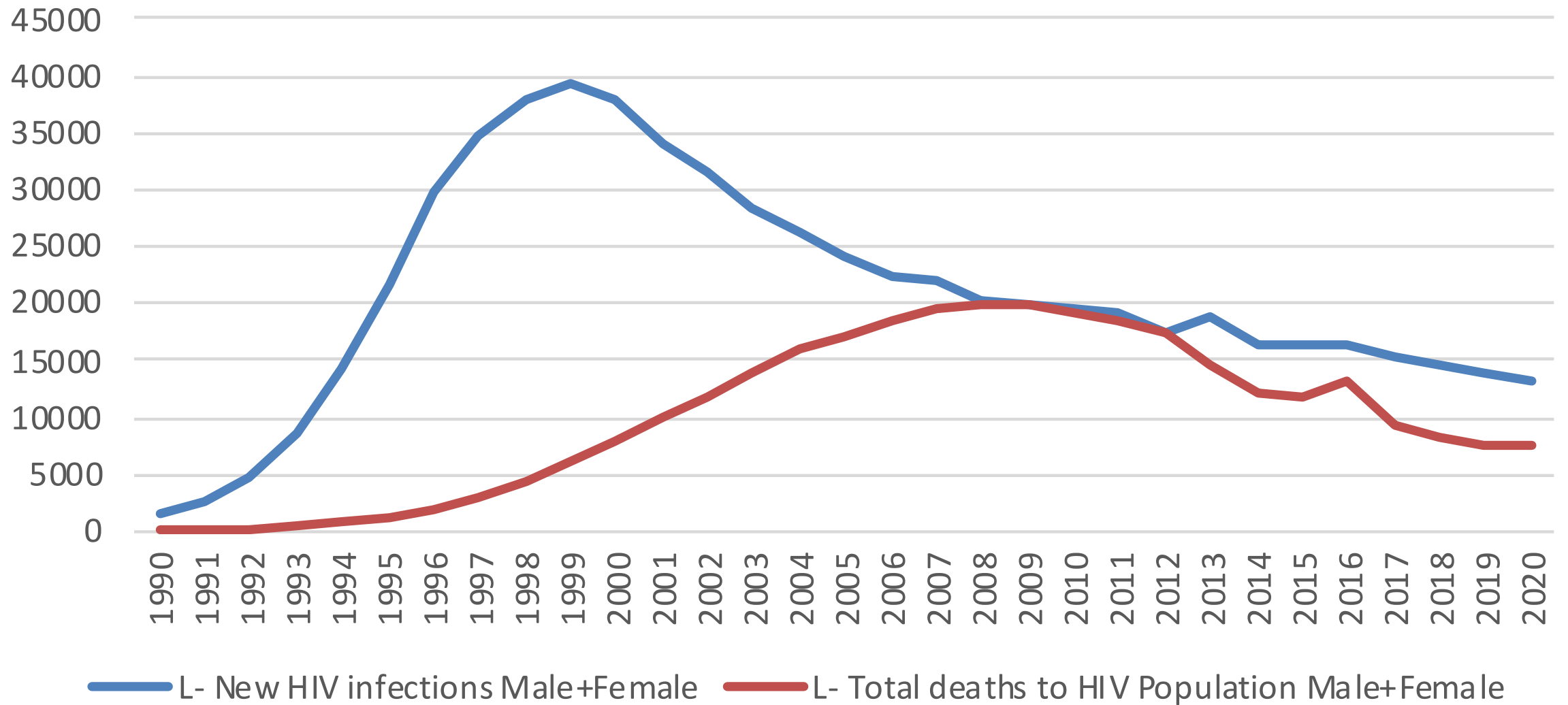
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Ukraine

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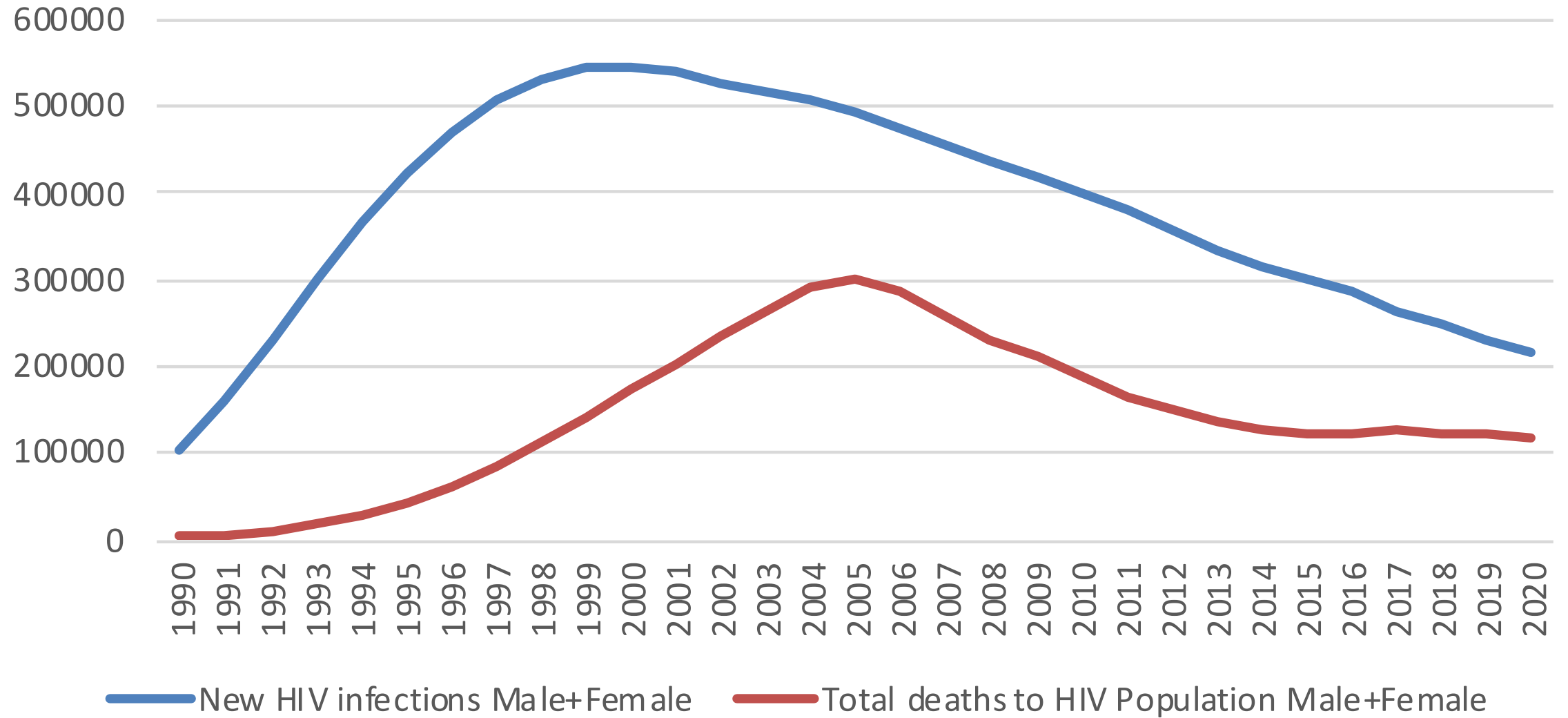




Countries not at Epidemic Control but making progress

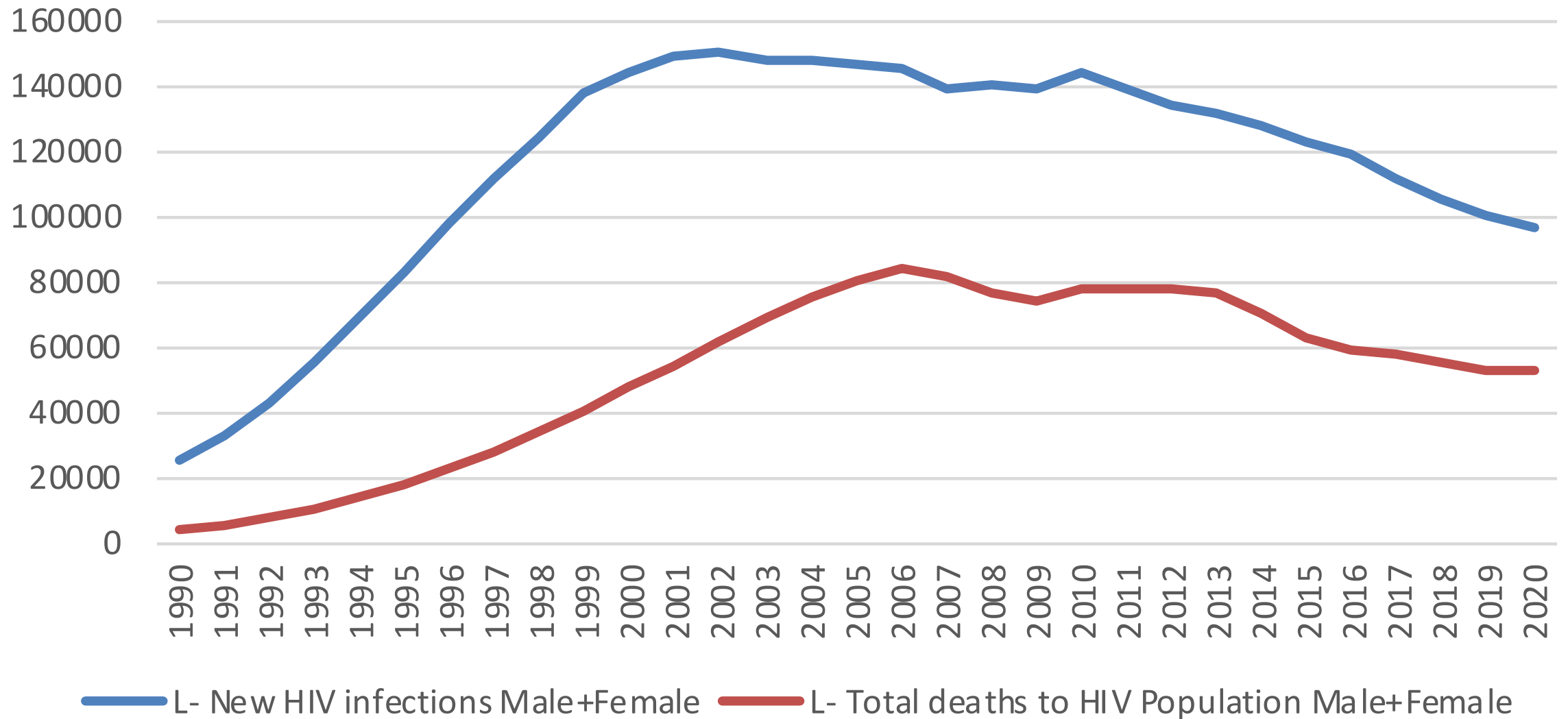
South Africa

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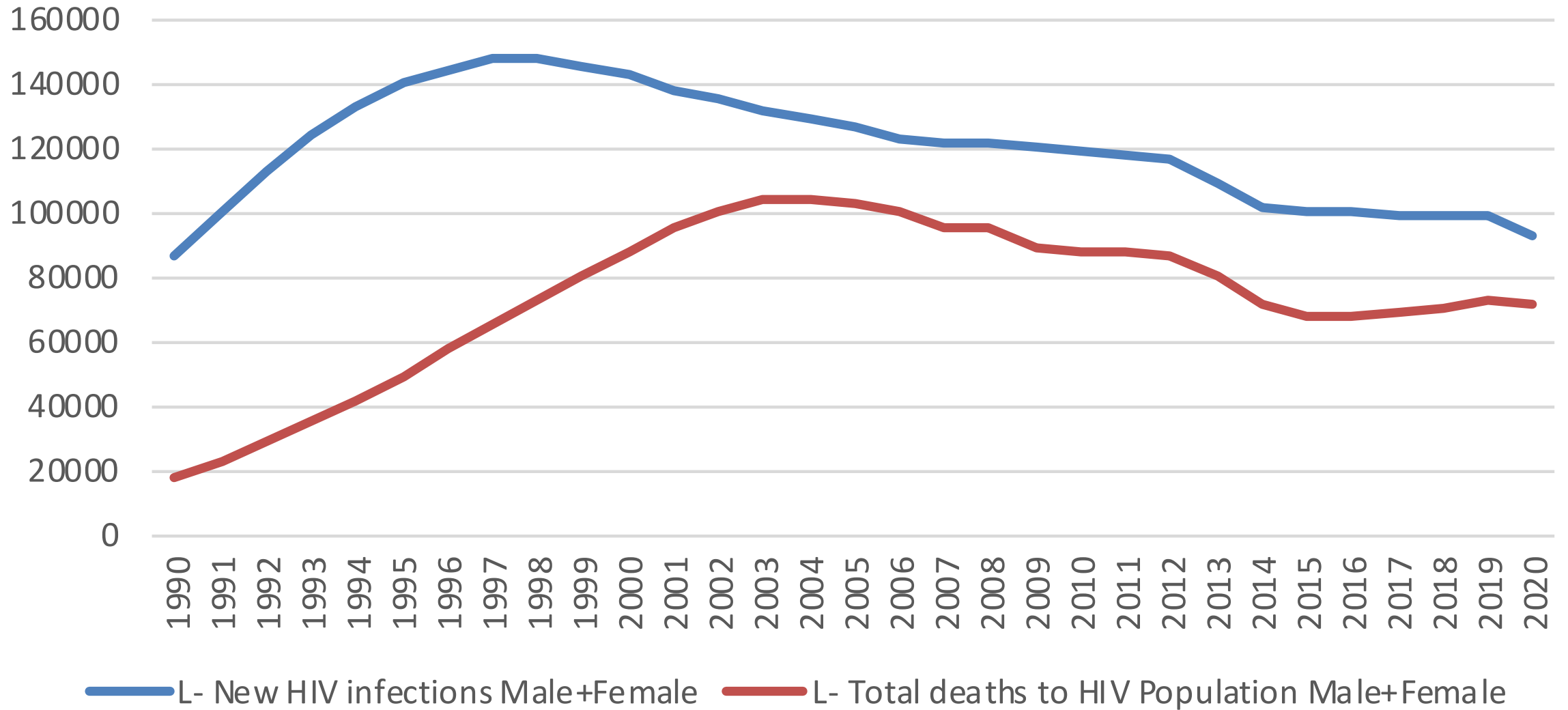
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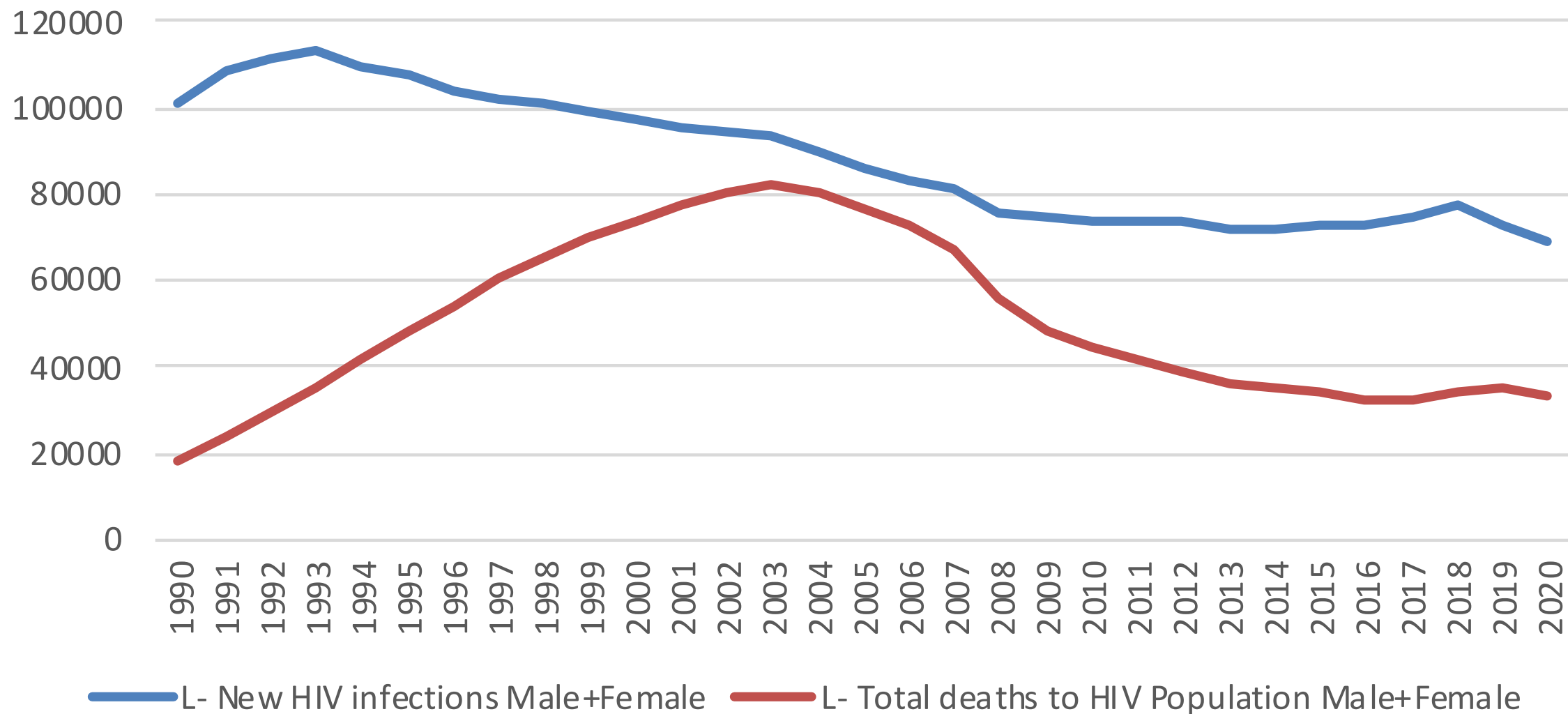
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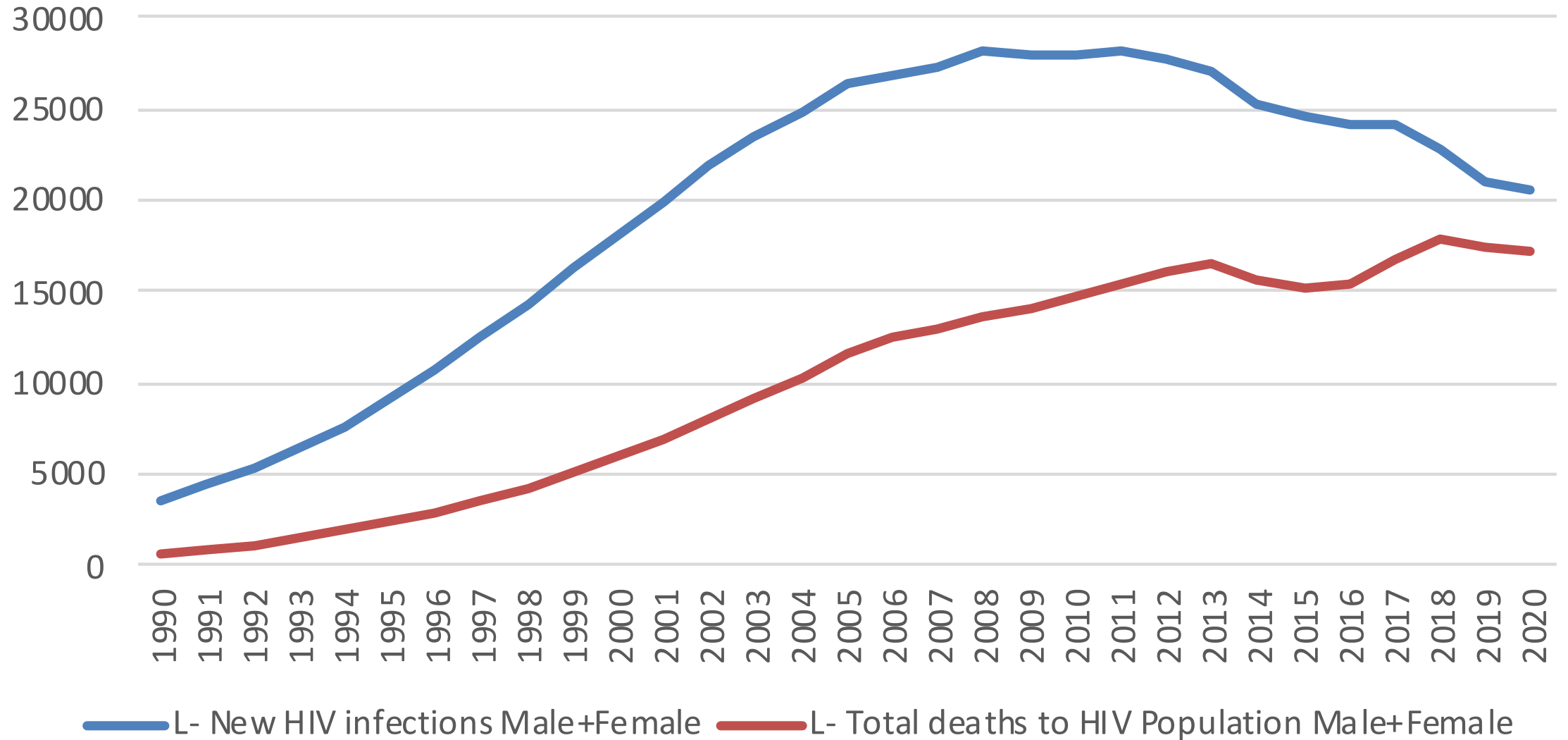
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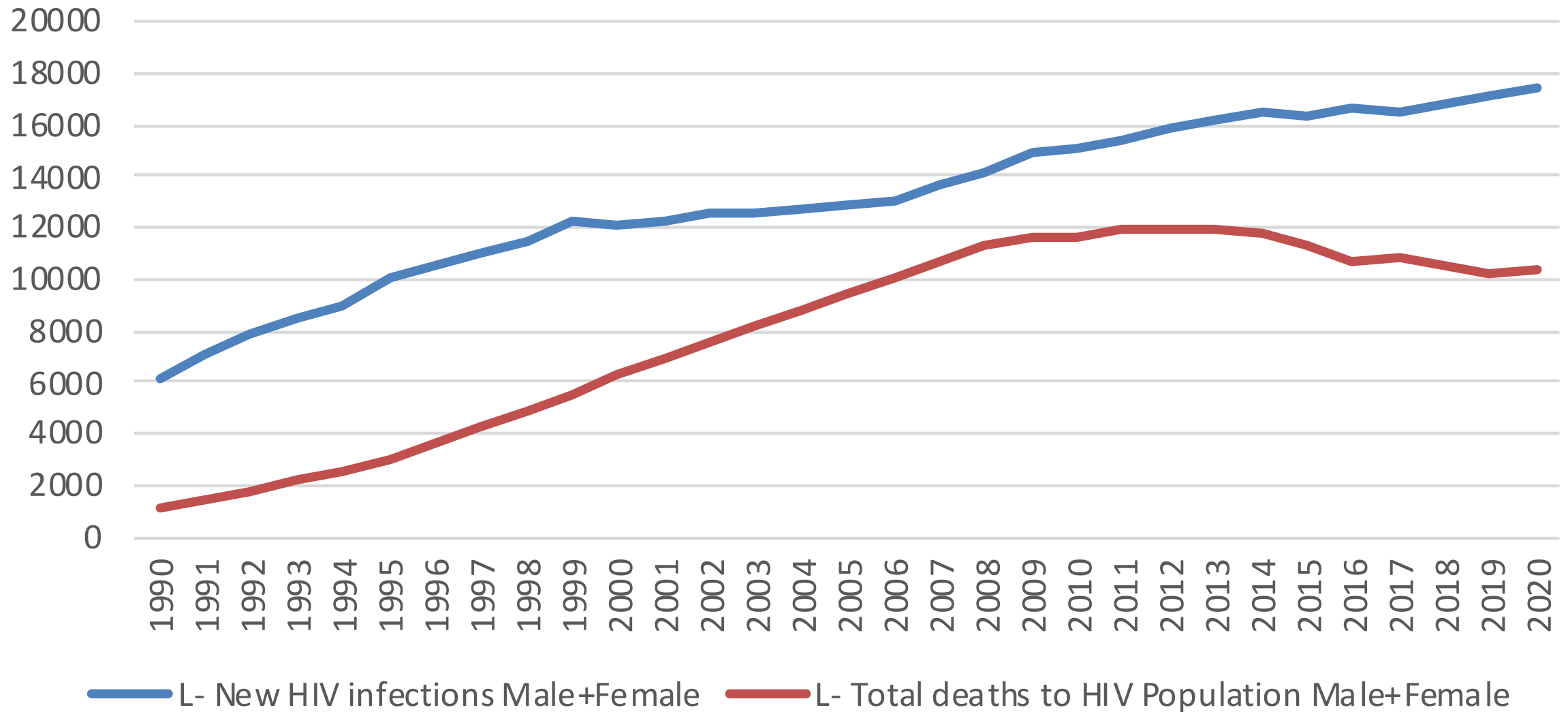
Angola

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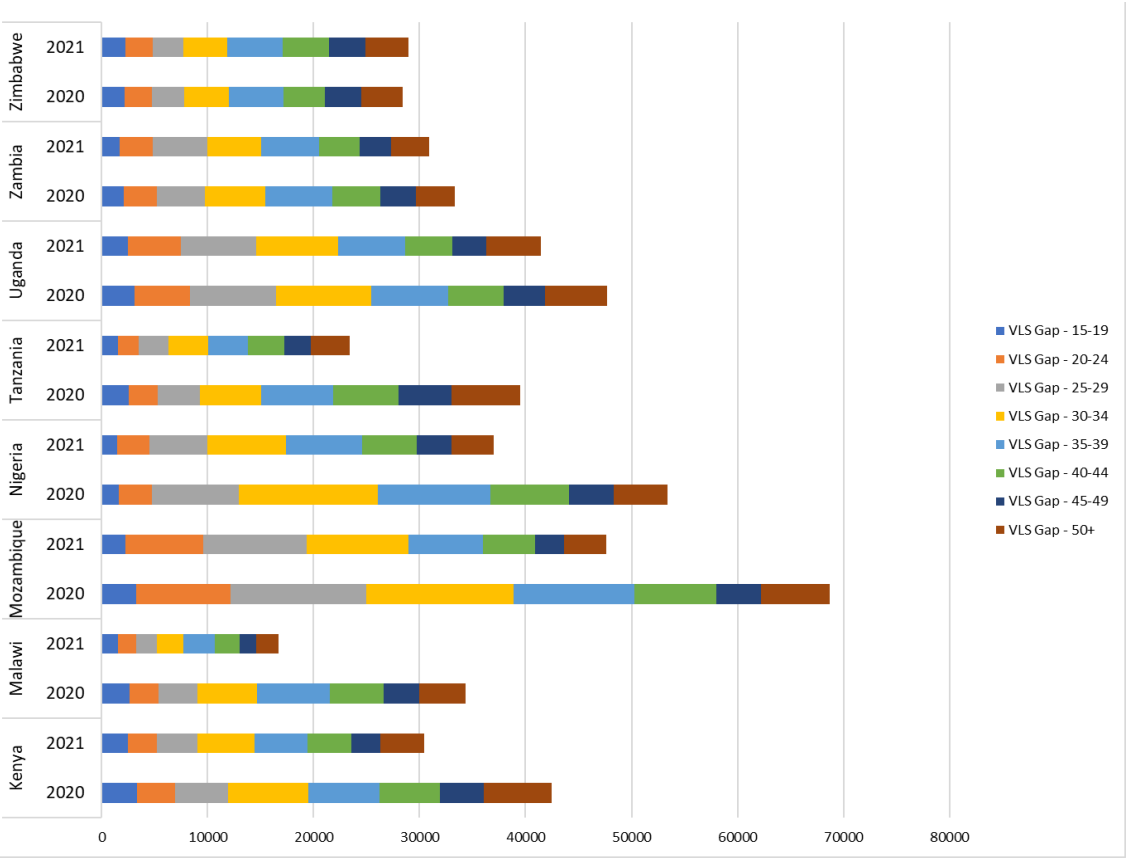
South Sudan

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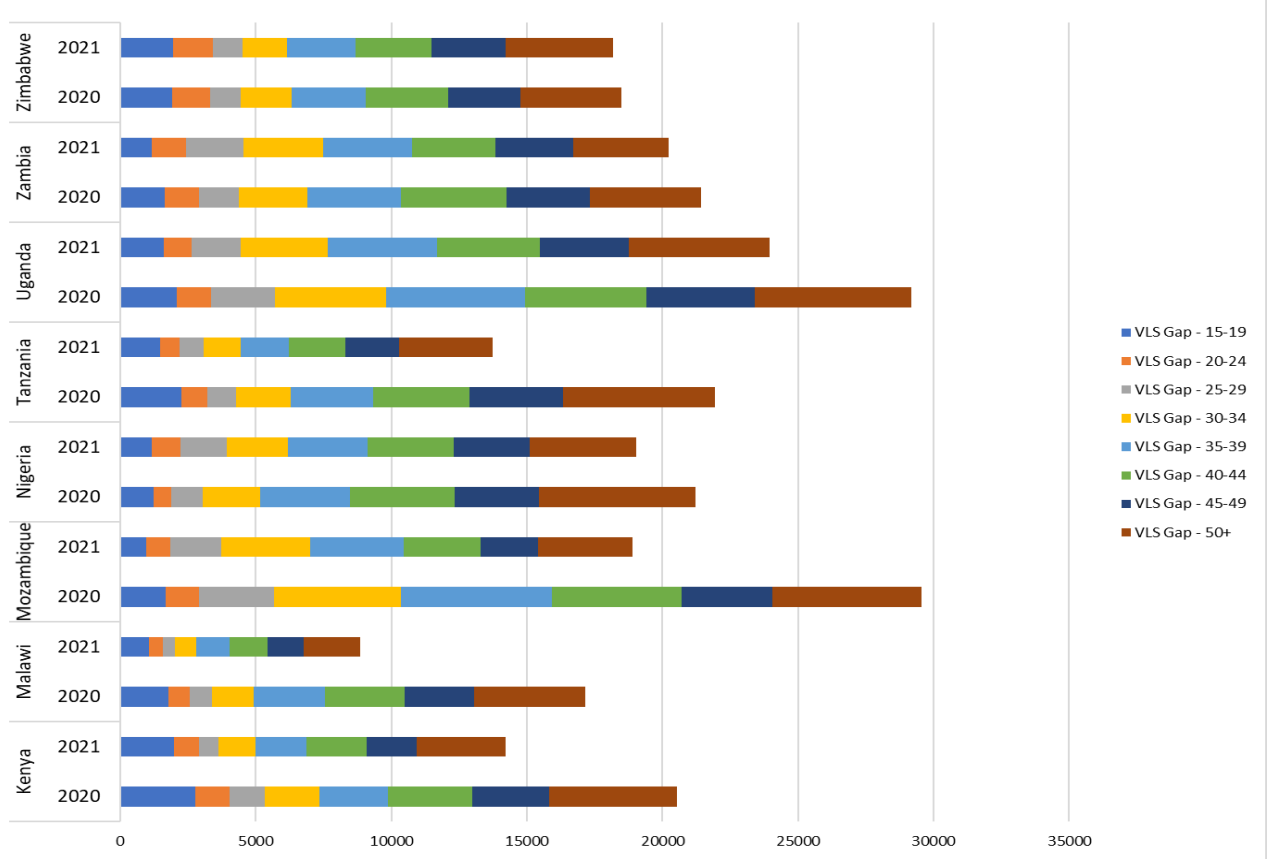


Maintaining Epi Control and Achieving 95/95/95 – Trends in Viral Suppression by Age Group

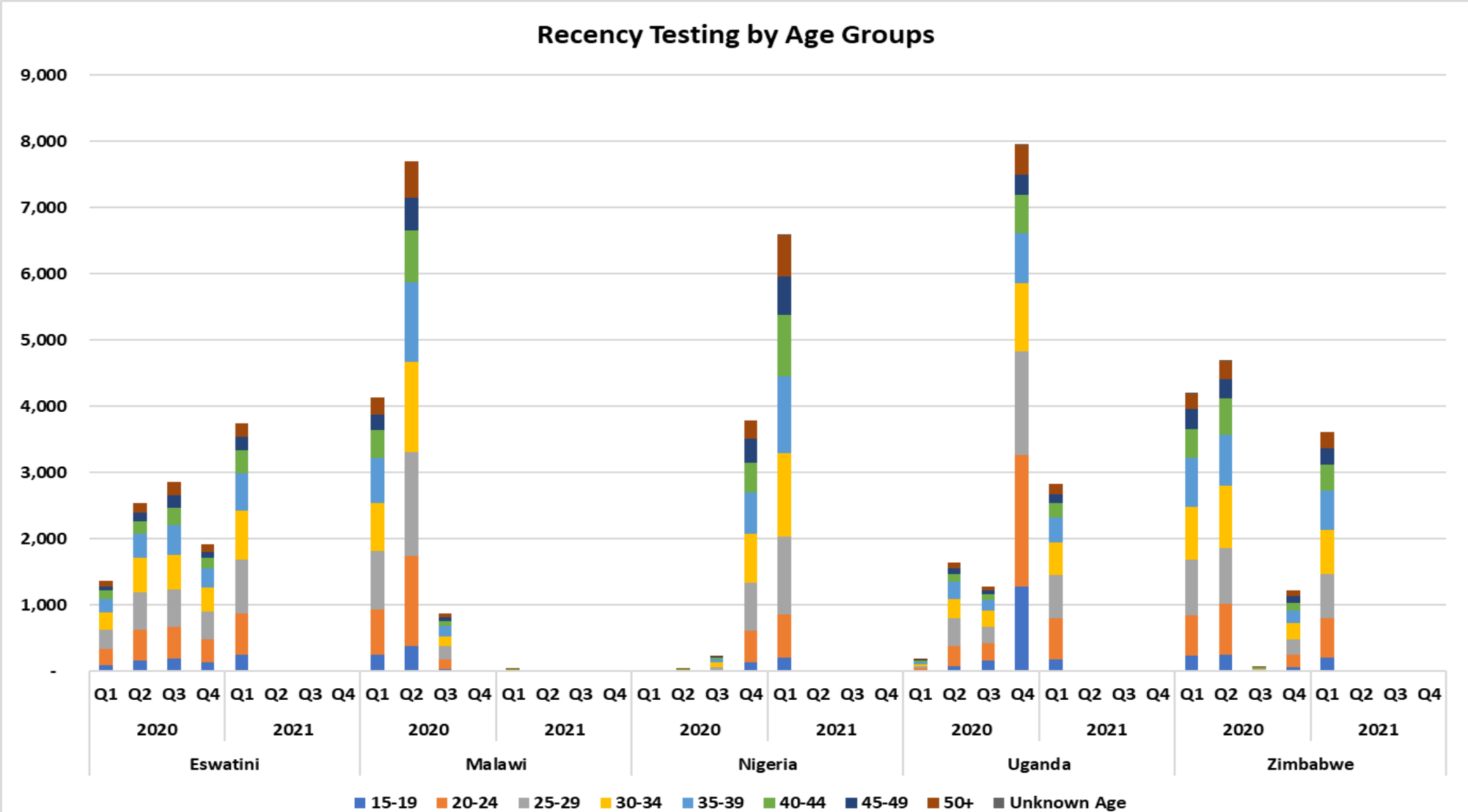
Unsuppressed Adult Females



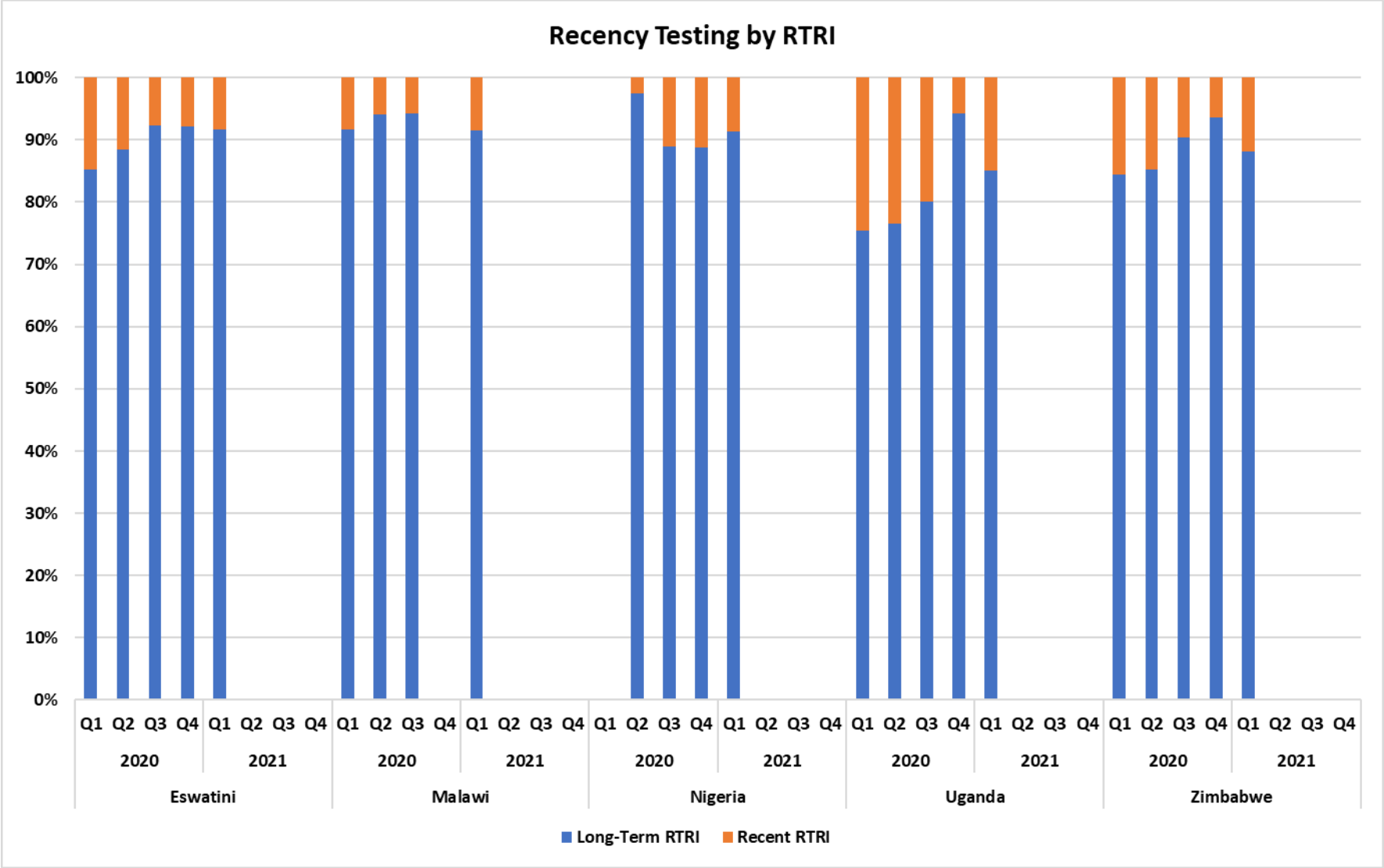
Unsuppressed Adult Males



Maintaining Epi Control and Achieving 95/95/95 – Trends Recency by Age Group



Maintaining Epi Control and Achieving 95/95/95 – Trends % recent by RTRI



PEPFAR COP21

Civil Society Recommendations

Maureen Milanga
Health Global Access Project



PEPFAR Regional Planning Meetings

Virtual Plenary April 1 2021

Civil society engagement: COP2021 must be the exception, not the rule

- COVID-19 should not be used to weaken requirement for robust civil society engagement
- Country chairs must engage with communities and meaningfully respond to concerns
- Country teams must send written responses to recommendations contained People's COPs/checklists

Reduced country funding should not diminish country ambition

- Funding levels have been reduced compared with COP20 in some countries
- This should not translate into reduced ambition; we expect an ambitious program in COP20
 - Repairing devastating harms caused by COVID-19
 - \$250 million in additional emergency funding from Congress must be put to good use



COVID-19 program impact

Countries need to prioritise:

- Major new investment in finding children and adults who were lost to care in 2020 due to COVID-19
- Innovative programs such as cash transfers to address new barriers (eg massive economic downturn, lack of food)
- Multi month dispensing (6MMD) for all (adolescents, children, pregnant and breastfeeding people)
- Innovations in drug collections eg. CMDD, parcel collection room, pharmacy, fast lane, fast track, pelebox/locker etc.
- Health workers supporting retention and finding those who have been lost to follow up
- Expand, fully fund community support groups
- Improving health worker attitudes

Key Populations

- Key Population Investment Fund (KPIF) innovations need to be absorbed into the COP
- Scale up funding for harm reduction programs; they are currently operating under major funding gaps
- Prioritise comprehensive, *key population-led service* delivery
- Advocate to remove criminalising policies and laws: these are persistent barrier to service delivery for KPs.



Quality services for children and caregivers

- COVID-19 had severe impact on children and caregivers; programs must describe HOW they are recovering from COVID-19 related harms (lack of family income, food, lack of access to social services, loss to follow up)
- Expanding MMD for children
- Implement new WHO guidelines with appropriate budgets and workplans: all HIV exposed children <18 months old should receive HIV diagnosis with POC EID, not conventional EID
- Scale up priority interventions: PrEP for all HIV-negative pregnant and breastfeeding women
- Quality programs that start, retain and support pregnant women
- Acceleration of optimized treatment: DTG-containing regimens for <20kgs and urgent phase out of sub-optimal treatment

Index Testing

Remove index testing targets, assess sites offering index testing and share assessment outcomes, adverse event data with civil society.

PEPFAR messaging to IPs needs to be devoid of a targeted % expectation of new HIV positive people from index testing

PEPFAR IPs will collect and report routine data on the following index testing indicators: # offered index testing and # who accepted index testing after counseling

Monitor acceptance rates and offer technical assistance/QI where acceptance rates are *higher* than best practices

Carry out proactive monitoring for adverse events and quality of index testing

Certify the sites and halt index testing for facilities that does not meet minimum requirements until these requirements are met.

Share data on index testing cascades with stakeholders as part of the monitoring system for all facilities moving forward.



Community-led monitoring: undermining core standards and principles

In some countries, communities were given as little as USD 25,000 for CLM and CLM criteria excluded criminalised populations

PEPFAR is structuring CLM so that:

Communities can't determine *how* to apply (eg whether individually or as collective to enhance cohesion amongst organisations and maximise expertise)

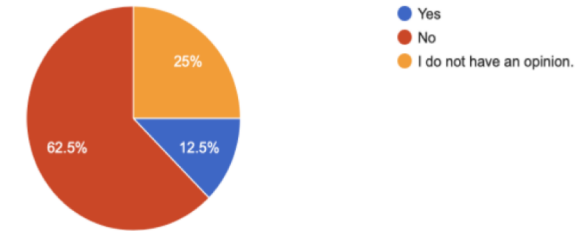
Gave very small grants for community monitoring despite large allocations

Prescribed CLM resources for meetings with the government

Denied communities' resources and opportunity to determine how best to collect and store CLM data

Q3. In your opinion, were the resources allocated enough to effectively conduct CLM ?

16 responses



We need: CLM grants that are truly community-led and are large enough to fund robust, independent, CLM programs

- consistent quarterly monitoring of sites
- collecting data with observational, patient/PLHIV, and healthcare worker surveys
- qualitative, non facility based surveys and ad hoc fact-finding missions

Surveys that monitor: service quality, waiting times, staff shortages, staff attitudes, stockouts & shortages of commodities, facility cleanliness and state of infrastructure, TB infection control, etc

Community evidence used to advocate for accelerated responses by national governments, PEPFAR and implementing partners. Tools from South Africa are helpful resources for other countries, see: ritshidze.org.za





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U.S. President's Emergency Plan for AIDS Relief

Thank You

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